DOCUMENT RESUME

ED 307 964	PS 017 752

AUTHOR	Meleen, Paulette J.; And Others
TITLE	Study of the Home-Based Option in Head Start. Volume I: Technical Report. Volume II: Case Studies. Final Report.
INSTITUTION	RMC Research Corp., Hampton, N.H.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE	Sep 88
CONTRACT	105-86-1602
NOTE	352p.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC15 Plus Postage.
DESCRIPTORS	Case Studies; *Compensatory Education; Early Childhood Education; Outcomes of Education; *Participant Characteristics; *Program Effectiveness; Program Evaluation; *Program Improvement; *Surveys
IDENTIFIERS	*Home Based Programs; Program Characteristics; *Project Head Start

ABSTRACT

This review, which is the first review of Head Start home-based programs in more than a decade, employed a telephone survey of all grantees who operated home-based options. Also used were case studies of eight selected programs. Each program participated in an in-depth analysis of program operations and impacts on parents and children. Volume I of the review includes an executive summary and chapters which provide: (1) an introduction and background to the study; (2) findings from the telephone survey and in-depth study; and (3) findings from observations of home visits and group socialization activities conducted at the selected sites. Appendix A describes the study's methodology. Volume II reports on case studies and a cross-case analysis. Sites for the in-depth study were selected to represent key features of Head Start programs that operated a home-based option. Half of the sites were home-based only; half operated home- and center-based options. Introductory sections of Volume II describe themes that emerged from the programs. Presentations of the case studies begin with home-based only sites (Vermont, Virginia, North Carolina, and Michigan) and conclude with mixed sites (Kentucky, Georgia, Missouri, and Maryland). (RH)

****
*   Reproductions supplied by EDRS are the best that can be made   *
*   from the original document.   *
****

ED307964

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it

☒ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Final Report
Volume I: Technical Report

Study of the Home-Based Option in Head Start

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Paulette J.
Meleen
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

RMC Research Corporation
400 Lafayette Road
Hampton, New Hampshire 03842

September, 1988

PS 017 752

BEST COPY AVAILABLE

FINAL REPORT

VOLUME I: TECHNICAL REPORT

STUDY OF THE HOME-BASED OPTION IN HEAD START

Paulette J. Meleen
John M. Love
Marrit J. Nauta

Submitted to:

Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services
Washington, DC

Contract No. 105-86-1602
Dr. Esther Kresh, Project Officer

RMC Research Corporation
400 Lafayette Road
Hampton, NH 03842

September 1988

TABLE OF CONTENTS

EXECUTIVE SUMMARY i

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY 1- 1

Purpose of This Report 1- 3

Organization of This Report 1- 3

The Evolution of Home-based Programs in Head Start 1- 4
- Home Start Demonstration Program 1- 5
- Home Start Training Centers 1- 7
- The Child Development Associate Program 1- 8

Research Findings Relevant to Home-based Programs 1- 9
- Non-Head Start Research 1- 9
- Head Start Evaluation 1-10
- The Home-Start Demonstration Program and Longitudinal Follow-up 1-11

The Home-based Effort in Head Start: Ten Years Ago 1-13

ACYF Guidelines for Operating Home-based Options 1-16

CHAPTER 2: A PROFILE OF HOME-BASED HEAD START NATIONWIDE 2- 1

Nationwide Program Characteristics 2- 2
- Enrollment and Family Characteristics 2- 4
- Criteria for Assignment to Home-Based 2- 7
- Staffing, Education, and Supervision 2-10
- Program Services -- Home Visits and Group Sessions 2-15
- Other Program Services 2-18
- Program Effectiveness 2-21
- Advantages and Disadvantages of Home-Based and Areas Requiring Improvement 2-23

Reasons for Dropping the Home-Based Option 2-25

Agency Auspices 2-28
- Community Action Agencies 2-28
- Public or Private Non-Profit Organizations 2-30
- Government or Single Purpose Agencies 2-30
- School Systems 2-31

Conclusions 2-32

TABLE OF CONTENTS (CONTINUED)

CHAPTER 3: FINDINGS FROM THE INDEPTH STUDY OF EIGHT HOME-BASED PROGRAMS 3- 1

Site Selection and Methodology 3- 1

Program Characteristics and Operations of Programs Included in the Indepth Study 3- 5
- Characteristics of Programs, Families and Children 3- 5
- Changes Occurring in Demographics and Program Operations 3-10
- Community Needs 3-11
- Programmatic Responses to Financial Restrictions 3-12
- Parent Involvement 3-12
- Community Involvement 3-13
- Home Visitor Supervision 3-13
- Patterns of Home Visitor Interaction with Parents and Children 3-16

Analysis of Program Impact on Children and Parents 3-17
- Program Impact on Children 3-17
- Program Impact on Parents 3-23

Conclusions 3-27

CHAPTER 4: FINDINGS FROM OBSERVATIONS OF HOME VISITS AND GROUP EXPERIENCES 4- 1

Home Visits 4- 5
- Parent Focus and Activities 4- 6
- Social Services 4- 8
- Child Focus Activities 4- 9
- Effect of Program Type and Site Variations 4-11
- Individualization 4-18

Group Sessions 4-22

Summary of Findings 4-26

REFERENCES R-1

APPENDIX A: METHODOLOGY .... A- 1

Sample Selection .... A- 1
- Telephone Survey .... A- 1
- Indepth Sites .... A- 1

TABLE OF CONTENTS (CONTINUED)

Instrument Selection/Development.................................. A- 3

Data Collection Procedures.. A-15
    Telephone Survey.. A-16
    Selection and Training of Onsite Staff........................ A-16

Data Analysis Procedures.. A-18
    Telephone Survey Analysis..................................... A-18
    Indepth Study Analysis.. A-20
        Comparison of differences between the three groups of sampled children.. A-21
        Analysis of the relationships between selected child variables and outcomes.. A-22
        Comparison of pretest/posttest Parent Interview and PAAT scores.. A-25

Volume II: Case Studies -- Eight Head Start Programs that Have a Home-Based Option (Bound Separately)

EXECUTIVE SUMMARY

In 1986-87 the Administration for Children, Youth and Families conducted a national study of the home-based option in Head Start. This first review of Head Start's home-based programs in more than a decade included a telephone survey of all grantees operating home-based options and case studies of eight selected programs. These eight sites also participated in an indepth analysis of program operations that included an examination of program impacts on parents and children.

The evaluation procedures were designed to provide policymakers with information related to four broad questions. The questions are listed below, with reference to the chapters of the final report in which the pertinent findings are described. The findings are summarized in the succeeding sections of this executive summary. Details of the study's methodology can be found in Appendix A of the final report.

1. What are the variations in the ways that home-based programs operate?

   Final report, Chapter 2, Chapter 4, and Program Case Studies (Vol. II)

2. What are the characteristics of children and families involved in the home-based option?

   Final report, Chapter 2

3. Are home-based programs as effective as center-based programs for children and families?

   Final report, Chapter 3

4. Are there different outcomes using a child-centered approach (center-based) compared to a parent-centered approach (home-based)? How are family needs met in center-based and home-based programs?

   Final report, Chapters 3 and 4; Program Case Studies

The Nature of Home-Based Head Start Programs

In 1986-87, 451 Head Start programs were serving some 30,339 children through a home-based approach. Although about 24 percent of all Head Start programs offered a home-based option, only about 6 percent of Head Start children were being served through a parent-focused, home-based approach. Thirty-eight of these programs were home-based-only programs (i.e., they served children and families solely through the home-based approach), serving 4,166 children. The vast majority of these programs, however, had both a home-based and a center-based program, that is, some families were served in a center and some families were served in their homes. (These programs are referred to as "mixed" programs in this report.)

A total of 429 programs (95 percent) participated in the telephone survey, providing almost complete statistics on the operation of programs offering the home-based option. These programs had been operating for a median of eight years, with a number providing services since the time of the national Home Start Demonstration Program 15 years ago. The home-based approach had been adopted by these programs primarily for geographic reasons -- to serve families who previously had not had access to Head Start because of being in extremely rural areas or too distant from Head Start centers. In programs that offered both home- and center-based options, families were selected for the home-based option primarily on the basis of geographic location also. Families in these programs' center-based options were more likely to live in urban areas.

A profile of the families and children enrolled in these 429 programs is shown in Table 1 -- separated to show the figures for the home-based-only (HBO) and mixed (HBM) sites. For comparison, the national profile of all Head Start children and families (including those in center-based and home-based options) is shown in the right-hand column of Table 1. Compared to Head Start nationally, home-based programs enroll a lower proportion of Black and Hispanic children, have a higher proportion of two-parent families, tend to have somewhat smaller families, and enroll families who are less likely to be receiving welfare benefits. Within the sample of 429 programs surveyed, home-based families were more likely to live in rural areas and center-based families in urban, central city areas. A higher proportion of the home-based families (compared to center-based) were considered by their Head Start directors to be living in isolated areas. Median family income of both home- and center-based families was between $6,000 and $7,000.

TABLE 1

CHARACTERISTICS OF HOME-BASED CHILDREN AND FAMILIES COMPARED WITH THE TOTAL NATIONAL HEAD START ENROLLMENT
(Percentages)

	Home-Based Only	Mixed Model Home-Based	 Center-Based	All Head Start
Ethnic Background of Children				
White	82%	69%	51%	33%
Black	8	14	30	39
Hispanic	6	13	14	22
Asian or Pacific Islander	1	2	3	2
American Indian/Alaskan	3	2	2	4
Two-Parent Families	59	55	44	41
Single-Parent Families (With No other Adult in Household)	26	33	44	55
Family Size				
One Child	24	35	35	19
Two Children	36	29	30	33
Three or More Children	41	36	36	48
Families Receiving Welfare Assistance	55	53	54	74

Each home-based family received a median of four home visits per month (32 per year), with each visit averaging 90 minutes. Programs reported that parents are the major focus of home visits. (One-third of programs reported that home visitors worked primarily with parents; almost two-thirds said home visitors worked with both parent and child.) Three percent of the programs reported that home visits focused predominantly on the child. Almost all programs also offered group sessions for children two or three times per month, slightly higher than the number recommended in ACYF's home-based guidelines.

In addition to this survey, interviews were conducted with 59 programs that had discontinued offering the home-based option. The predominant reason cited was parental preference for center-based Head Start, due primarily to a desire for more socialization experiences for the children. Another major reason for dropping the home-based option was difficulty in getting parents to be really committed to their role in the home-based model. Funding cutbacks were mentioned by 30 percent of these programs as the reason for discontinuing the option, and in 25 percent of the cases the home-based option had only been intended as a temporary means of service delivery.

In the home-based approach, the home visitor is the key provider of Head Start educational, health, and other services. Table 2 compares home visitors and classroom staff in terms of their preparation and salaries. Home visitors have generally less training than classroom teachers, but are better trained than aides. Home visitor wages, however, are less than those of classroom aides and only 70 percent of teacher salaries in the sites surveyed.

TABLE 2

PREPARATION AND WAGES OF HOME VISITORS AND HEAD START CLASSROOM STAFF IN 429 PROGRAMS SURVEYED

	Home Visitors	Classroom Aides	Classroom Teachers
Number	2,534	4,113	4,072
No CDA or Early Childhood Training	36.0%	59.6%	19.3%
CDA Training But Not Certified	28.6%	26.6%	17.7%
CDA Certified	25.3%	11.7%	46.0%
Early Childhood Degree	10.1%	2.1%	17.0%
Median Hourly Wage	$7.09	$7.50	$10.08

The 2,534 home visitors in these programs had an average of three years experience as home visitors. Turnover was high, with 29 percent of home visitors having been with their program for less than a year. Home visitors worked with an average of 11 to 12 families each, but in 16 percent of the programs, the caseloads were higher. Three percent of the programs scheduled their home visitors to work with 16 or more families.

Supervisors, about half of whom had been home visitors themselves, supervised four to five home visitors each. In a third of the programs, in-home supervision occurred three or more times per year, but the median for all home-based programs was once or twice a year, somewhat less frequent than suggested in ACYF's guidelines. In 10 percent of the programs, no in-home monitoring of home visitors took place.

An Indepth Look at Eight Home-Based Programs

The eight programs selected for indepth study reflected the diversity of characteristics of home-based programs nationally. Four operated only the home-based option; four had both home- and center-based approaches. They ranged from highly urban to very rural and included small programs serving fewer than 100 children as well as very large grantees. Seven of the eight had been operating a home-based option for at least ten years. The eight Home-based programs were verified as following ACYF guidelines for home-based programs, in order to provide a clear contrast with the center-based programs. A sample of 480 children and their parents was selected for this study. Since home-based programs have smaller proportions of minority children and families, the sample was selected so that there would be a higher proportion of minorities than exist among home-based programs nationally. From observations of home visits and group sessions, testing of children, and interviews with parents, information was obtained about the details of providing home-based services and about home-based and center-based programs' impact on children and parents.

Home Visitor Interaction with Parents and Children

In the observed home visits, home visitors spent one-third of their time working with parents. Only small segments of home visits were devoted exclusively to the child. Parents were observed to be actively involved in child activities and spent almost half the home visit time practicing activities with the home visitor and/or child together. Visits were predominantly education focused, with only a small portion devoted to social service and other family needs.

Home-based-only and mixed programs had highly similar home visit profiles. In many cases home visitors individualized the visit activities to meet specific parent and child needs. This was most likely to occur in programs where parents were actively involved in home visit planning. Parent involvement in home visit activities was lowest in sites that did not have an explicit policy requiring the parent to be present during home visits. The educational process went beyond the weekly home visits -- home visitors frequently gave parents activities to do between visits. In 40 percent of the programs, policy permitted home visits to take place with the adult who was caring for the child if the parent was at work or absent for some other reason.

Group sessions for parents and children supplemented home visits at every site at least once a month. There were few opportunities for parents and children to work together at these sessions, and concerns about low levels of participation were reported at almost every site.

Program Impact on Children and Parents

The analyses of program impact within the indepth sample of eight home-based programs were designed to address questions about the effect of delivery mode (home-based vs. center-based) on children and parents in Head Start. Consistent with the results of other studies, no major differences in program effectiveness were found. Neither were there any important differences in the effectiveness of home-based programs that related to their context, i.e., operating as home-based-only programs or as home-based components within a program providing both home- and center-based services. In terms of children's cognitive development (as measured by the Preschool Inventory), gains equal to those found in other studies were found for all study groups. The child outcomes were not found to be significantly affected by any particular program factors.

Of the eight parent impact measures analyzed, only two showed results slightly favoring home-based approaches. Overall, it appears that home- and center-based approaches produced generally similar effects on parents.

These findings should be interpreted with two cautions in mind. First, as noted in the discussion of instruments in Appendix A, the measures used for assessing the cognitive and social development of 3- and 4-year-old children are not wholly adequate. There may indeed be important program effects that have gone undetected. The second caution is a programmatic issue. There is wide variation, along a number of dimensions, within home-based programs as seen in the case studies, as well as within center-based programs. While such variation is important for meeting the diverse needs of Head Start families in different communities, it also means there are not two clearly defined "treatments" that can be easily compared. We have learned, however, that along a few important dimensions of children's development and parental attitudes, both home-based and center-based Head Start programs have positive effects.

Conclusions

1. Home-based programs differ in important ways from Head Start programs that do not offer a home-based option:

    - Home-based programs are more likely to be located in rural areas, to serve two-parent families, and to have a higher proportion of white families, and a lower proportion of minorities, than is true for the national Head Start program.

2. Home-based programs are generally following the suggested ACYF home-based guidelines in terms of number and frequency of home visits and group socialization activities. In three areas there is still room for improvement:

    - Supervision of home visitors appears inadequate in light of the high turnover among home visitors and the high percentage of new home visitors each year.

- Contrary to the program emphasis on working with parents, 40 percent of programs reported that their home visitors would, in the parent's absence, work with whatever adult is caring for the child on the day of the home visit.

- Some programs permit home visitors to carry a family caseload far in excess of the 12-family maximum suggested in the guidelines.

3. Home visitors are not accorded the same status as classroom teachers, and are paid even less than classroom aides, even though their responsibilities to their families extend beyond those of the typical classroom teacher. Even though the educational backgrounds and preparation of home visitors are generally not as extensive as those of teachers, home visitors still receive only 70 percent of a Head Start teacher's salary on the average, and only 95 percent of a classroom aide's salary.

4. Both home-based and center-based approaches appear comparable in enhancing children's cognitive and social development and in supporting parents in their role as the primary educator of their children.

   - Child gains in cognitive and social development were equivalent for the three groups studied (home-based-only, home-based-mixed, and center-based-mixed).

   - Changes in parental attitudes and behavior were equivalent for the three groups.

5. Head Start children perform substantially higher on the Preschool Inventory than they did 12 years ago. This is true in spite of the fact that the socio-economic status of Head Start families has declined in terms of 1975 dollars during that period.

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

Since the early 1960's, there has been increasing belief and interest in home-based early intervention programs. Scores of programs have been established by health, education, and mental health agencies based on the premise that home-based early intervention, because it takes place in the immediate family environment, has great potential to affect parent-child interaction and enhance children's development. The programs recognize the critical nature of the early years of development and the role of parents as primary educators of their children. Many home-based programs are targeted for disadvantaged children and their families to help "break the poverty cycle" and provide children, who may otherwise perform poorly, a chance to succeed once they enter public education.

In 1971, the Office of Child Development (OCD) initiated a home-based early intervention program, the National Home Start Demonstration Program, to demonstrate "alternative ways of providing Head Start-type comprehensive services for young children in their homes" (Office of Child Development, 1973). Home Start was designed to provide the same types of comprehensive services (nutrition, health, education, and social/emotional) as traditional center-based Head Start programs. However, the services were to be provided in the home with a focus on the parent(s) as the primary educator(s) of the preschool child. Sixteen programs were funded over a three-year period beginning in March 1972. By the end of the demonstration program, 1976-77, 283 grantees were funded to operate the new "home-based" option, and a decade later there were more than 500 Head Start grantees offering home-based options for some or all of their families.

A number of studies of the home-based option in Head Start have been conducted over the fifteen years since the original demonstration program was evaluated. However, little comprehensive information exists to describe in detail the variety of ways the home-based option has been implemented and to compare the outcomes of home-based and center-based approaches. Therefore, the Administration for Children, Youth and Families (ACYF, formerly OCD) in 1986 funded a national study of home-based programs in Head Start entitled the "Evaluation of the Home Based Option in Head Start." RMC Research Corporation, along with Westat, Inc. and Abt Associates, conducted the study. The Evaluation of the Home Based Option in Head Start addressed four major questions:

1. What are the variations in the ways that home-based programs operate?
2. What are the characteristics of children and families involved in the home-based option?
3. Are home-based programs as effective as center-based programs for children and families?
4. Are there different outcomes using a child-centered approach (center-based) compared to a parent-centered approach (home-based)? How are family needs met in center-based and home-based programs?

Eight sites were selected for indepth analysis of child and parent outcomes, program characteristics, information on enrolled children and families, observations of home visits and group activities, and analysis of staff training and supervision. In addition, telephone interviews were conducted with nearly all Head Start programs that operated a home-based option in 1986-87.

Based on data collected at the eight indepth sites and the telephone survey of home-based Head Start programs, the study provides important information for at least four target audiences that include:

- Federal decisionmakers responsible for policy and funding decisions;
- National and regional program administrators who decide where and how to install programs and provide assistance in using funds effectively;
- Local program operators who need information to decide when to install the home-based option and how to manage it effectively; and
- The child development research community and program decisionmakers from other preschool program areas who need information on effective service delivery models.

Purpose of This Report

This report includes analyses of data collected during the telephone survey and the pre- and posttest measures at the eight indepth sites. All analyses reported here are based on data collected between fall 1986 and late spring 1987.

The purpose of this report is to provide analyses and interpretation of the following areas:

- Characteristics of Head Start programs that offer a home-based option.
- Descriptions of services provided.
- Staffing and supervision in home-based options.
- Characteristics of children and families enrolled in Head Start programs that offer a home-based option.
- Home-based policies and attitudes toward the home-based option.
- Comparisons of various groups including families in home-based-only programs, home-based families in sites with both home-based and center-based approaches, and center-based families in sites with both home-based and center-based approaches.

Organization of this Report

The remainder of Chapter 1 provides background to the study by reviewing the evolution of home-based programs and summarizing previous research and evaluation studies. Chapters 2 and 3 present the findings from the telephone survey and indepth study respectively. Chapter 4 details findings from observations of home visits and group socializations conducted at the indepth sites. Appendix A describes the study's methodology, providing details on sample selection, instrument development and selection, data collection procedures, and data analysis strategies. Case studies and a cross-case analysis of the eight indepth sites are included in Volume 2.

The Evolution of Home-based Programs in Head Start

Home Start was not designed to replace center-based Head Start. It was designed to provide an option for Head Start programs interested in expanding their services. Because the intent was to focus on the family, at that time, Home Start was in the mainstream of current trends in child development theory, sociology, psychology, and education. OCD had funded parent-child programs, beginning in 1971 to 1973 by sponsoring Parent-Child Centers, a network of programs focused on prenatal and mother/infant services. In 1973, OCD created the Child and Family Resource Program (CFRP) to demonstrate an intervention focused on serving the entire family with the same services Head Start provides, plus additional services tailored to the needs of each family (Abt Associates, 1981; Johnson, Nauta, & Hewett, 1980). Other social and educational programs at the time also stressed early intervention and parent involvement, as did the Head Start and Home Start philosophy. For example, The Parent Education Program in the mid-1960's, The Family Oriented Home Visitor Program in the early 1970's, The Mother-Child Home Program in the late 1960's (Levenstein, 1980) and The Carnegie Infant Program (Epstein & Weikart, 1979) in the late 1960's all focused on home interventions with young children (Lazar, Hubbell, Murray, Rosche, & Royce, 1977). At the time, there was little systematic research, but there was a lot of collective knowledge and experience about home-based, early interventions.

Home Start Demonstration Program

In the fall of 1971, Head Start staff and representatives of a number of experimental home-based programs met to devise plans and draw up formal guidelines for a Home Start Demonstration Program. Through this effort, Head Start provided careful planning, goals, structure, and a wealth of experience from other projects to get the demonstration underway. OCD also funded an extensive evaluation to enhance the contribution of the demonstration to building knowledge about home-based early intervention.

The development of a home-based option within Head Start evolved on the basis of several important factors:

- Evidence from other home-based intervention models suggested that home-based preschool interventions were economically feasible and highly beneficial;
- There was a desire to impact other children in the families participating in Head Start programs;
- Head Start policy encouraged local programs to develop options to suit their own local needs;
- There was general belief and accumulating evidence that working in the home with parents was an effective way to influence children's development; and
- There was a need for systematic evidence of the effectiveness of a home-based option and for demonstrated models to assist program implementation (Office of Child Development, 1973, p. 2).

OCD established the National Home Start Demonstration Program in order to test the effectiveness of a home-based intervention model for Head Start programs and also to develop program models that, once proven effective, other programs could adopt or adapt. The goals of the Home Start Demonstration Program as stated in the national Guidelines (OCD, 1973), were:

- to involve parents directly in the educational development of their children;
- to help strengthen in parents their capacity for facilitating the general development of their own children;
- to demonstrate methods of delivering comprehensive Head Start services to children and parents (or substitute parents) for whom a center-based program is not feasible; and
- to determine the relative costs and benefits of center and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

The national Guidelines provided a structured framework for basic program features that could be adapted for accommodating local needs, local characteristics, and diversity within the programs. The program used this framework to develop a diverse group of demonstration projects.

Sixteen Home Start projects were funded by the Office of Child Development in 1972. Each program received approximately $100,000 per year with which to serve about 80 families. Participating families came from a wide variety of locales and many different ethnic and cultural backgrounds -- including white, black, urban, rural, Appalachian, Eskimo, Navajo, Migrant, Spanish-speaking and Oriental.

Home Start program staff consisted primarily of "home visitors," who visited the homes of enrolled families periodically. In addition to working with the mother on matters of child development, the home visitors discussed nutrition, health, and social and psychological needs of family members. When needed, home visitors or other program staff referred families to community agencies for specialized services.

Families enrolled in Home Start also participated in group activities or meetings on specific topics, such as parent effectiveness or health. Each program had a policymaking council, which included Home Start parents as members, to set policy for the local Home Start project.

By the time the Home Start Demonstration Project ended in June 1975, the home-based approach had captured the interest and enthusiasm of a large and still increasing segment of the child development community, both within and outside of Head Start. Although the Home Start Demonstration was firmly rooted in the experience of previous home-based intervention efforts, the Home Start program was the first large-scale demonstration of a comprehensive home-based child development program.

During the first year of the Home Start Demonstration, the home-based option was approved for all Head Start programs. Although there were no official guidelines, on the basis of experience and the various evaluation studies, suggested guidelines were developed. The suggested guidelines built on the findings of previous studies and on programmatic experience.

Home Start Training Centers

The enthusiastic response to Home Start and the desire to disseminate what had been learned through the Home Start Demonstration led OCD to fund six Home Start Training Centers (HSTCs) in June of 1975 (Love, Wacker & Morris, 1979). The Centers were to provide training for home visitors for Head Start and other child development programs.

The six Centers were located throughout the country and trained early childhood personnel in a variety of ways. The training varied according to needs of programs, which differed depending on the size of the program, length of time the program had been operating, program variations, geographic location and other factors. The intent of the HSTCs was to provide high quality, individualized, comprehensive training and to disseminate the home-based model.

The Child Development Associate Program

ACYF also funds the Child Development Associate Program (CDA) to provide credentialing to child care workers and ensure the quality of personnel (CDA National Credentialing Program, 1985). During the 1970's and the early 1980's, the CDA was only available to center-based caregivers working with three- to five-year-old children. Since there has been a substantial increase in the number of children served in home-based programs, the CDA National Credentialing Program launched a major effort to expand by adding a CDA for home visitors. A national panel of experts, a field group, and representatives from professional early childhood organizations drafted a set of competencies and an assessment system for home visitors. The program requires candidates to have an Advisor, a Parent/Community Representative and a CDA Representative who work as a team to document the candidates' competencies against the standards. (The candidate must meet eligibility requirements before applying.) The Team reviews competencies against the following major goals:

- To establish and maintain a safe, healthy, learning environment;
- To advance physical and intellectual competence;
- To support social and emotional development and provide positive guidance and discipline;
- To establish positive and productive relationships with families;
- To ensure a well-run, purposeful program responsive to participants' needs;
- To maintain a commitment to professionalism.

The Home Visitor CDA includes preschool (3- to 5-year-olds) and bilingual specializations and a specialization in mixed age groups (0 to 5).

Research Findings Relevant to Home-based Programs

Results of previous studies provide a backdrop for the findings reported in Chapters 2-4.

Non-Head Start Research

Two recent reviews have examined findings from home-based interventions conducted apart from the Head Start context. A review of 18 research studies of preschool compensatory programs was conducted by Ramey, Bryant and Suarez (1985). The review included only studies with true experimental designs. Of the 18 programs, 11 had a home-based component and 13 focused on either the mother, the parents or the family.

The programs varied widely in their content from health interventions to specific curriculum approaches (e.g., DARCEE, Montessori, High/Scope, Direct Instruction). Some included medical care. Others included CETA training for parents, family counseling, and family workshops.

Cross-study analysis concluded that early intervention programs produced significant gains for children on a wide variety of measures when compared to control groups. They also found that the programs were attractive service delivery mechanisms, as seen in documented continued participation. The review indicated that little research to date has addressed the question of which components of the programs were most effective.

In a recent article on home-based early intervention, Halpern (1984) reviewed individual program reports, literature reviews and meta-analyses. The results suggested by his review included the following:

- a modest, overall pattern of absolute differences favoring treatment over control families;
- no evidence that any particular sub-group of high-risk families benefit any more than another, or that focusing on one kind of problem is more appropriate than focusing on another;
- significant within-program differences in magnitude and nature of effects; and
- little evidence of medium or long-term maintenance in or changes in parental behavior and support systems or in development, in part because few programs have attempted followup.

Head Start Evaluations

Hundreds of studies of Head Start have been conducted over the 23 years of program operation. The overwhelming bulk of evidence points to many successes of Head Start. Shortcomings in programs and some questions about whether gains are sustained have also surfaced.

The most comprehensive review of the literature and research on Head Start was conducted in the Head Start Synthesis Project (McKey, et al., 1985), which identified 1600 documents, 210 of which were research reports. Seventy-six of the reports contained quantitative data sufficient for meta-analysis. Among the 76 studies, 72 investigated gains in cognitive ability, 17 tested for socioemotional gains, and 5 measured family impacts. Other outcomes reviewed included retention in grade, placement in special education and parent involvement.

Although the synthesis methods have received some criticism (e.g., Schweinhart & Weikart, 1986), a number of findings are worth noting:

- Studies unanimously concluded that Head Start does have immediate positive effects on children's cognitive ability.

- A few studies indicate that Head Start children are less likely to fail a grade or be assigned to special education.
- Head Start children are healthier as a result of medical and dental services.
- Head Start has increased the utilization of educational, health, and social services by educating parents about the need for these services and how to obtain them.
- Sizeable proportions of parents participate as volunteers, paid workers or in planning and policy; however, a core of parents generally contributes a disproportionate share of time.

Conclusions presented in the synthesis indicate that some questions are still unanswered. Three issues particularly relevant to this study of the home-based option require clarification through additional research:

- It is unclear whether Head Start produces changes in parental child-rearing practices.
- It is unclear whether special programs that focus on helping parents teach their children academic skills have an effect on either parents or children.
- It is possible that the Head Start experience affects parents' attitudes toward their own lives, but there is not enough information at this time to be sure that Head Start is the cause of the positive outcomes.

The Home Start Demonstration Program and Longitudinal Follow-up

The Home Start Evaluation Study (Love, et al., 1976a) found that home-based programs compared favorably with center-based options on most measures. In general, the study showed considerable success for the newly organized Home Start projects.

The study concluded that on a great number of dimensions, including child and family variables, changes in staff, and program costs, the national Home Start Demonstration Program had shown its effectiveness, even though there were methodological difficulties that clouded comparisons with Head Start.

Some important findings relevant to the present study include:

- Home Start produced significant gains for *parents* on a number of dimensions compared to the control group. Compared to center-based Head Start the two programs were similar in positive gains.
- Home Start *children* were found to differ significantly from the control group in several aspects of their growth and development. On most variables, there were no differences between center-based Head Start and Home Start children's gains.
- Home Start was a *cost-effective* use of public funds relative to Head Start since Home Start benefits were at least comparable to those of Head Start and since the costs per child of Home Start are equal to or less than the Head Start costs.
- Variations in *services* (i.e., length and frequency of home visits) within a given program duration had some effects on child outcomes. Significant declines in child development were associated with contact time of less than one-and-one-half to two hours per visit.
- *Families* who participated in Home Start for two years were seen by their home visitors as having somewhat greater potential for social and educational development, although these effects were not strong.
- Participation in Home Start had important benefits for project *staff*; they gained skills in teaching parents to educate their children, increased their own levels of education, and perceived personal gains in self-confidence, understanding and communication skills.

The study also found that home visit profiles varied from program to program. Some were considerably more oriented to parents rather than toward children. Others were more child oriented. It was also noted that the emphasis on parent concerns and home visitor/parent interactions increased greatly over two years of observation.

Following the Home Start Evaluation, Abt Associates Inc. conducted a longitudinal followup of 199 Home Start, 46 Head Start and 136 comparison group families (Bache & Nauta, 1979). There was considerable attrition from the original evaluation sample and major differences between the previously enrolled children and families and the comparison group. These limitations meant that many comparisons of interest to the study could not be made. Nevertheless, the study conclusions confirmed findings from the original Home Start Evaluation:

- Home Start and Head Start are comparable in terms of parent outcomes.
- There are no data to support the notion that two years of Home Start is more effective than one on parent and child outcomes. Staff reported that during the first year they worked largely on "survival" and that second-year interventions were focused on personal and long-range aspects of family functioning. There were no data to confirm this perception.
- Home Start children were performing at or above the norm for reading; slightly below the average in math, even through levels this high are unusual for low-income children.

Although succinct summaries of evaluation results imply a certain ease in making home- and center-based program comparisons, the authors of the Home Start Evaluation report stressed the point that it is not a simple question of which is better or more effective. In fact, the two types of programs may be meeting different needs:

> It is important to recognize the complementary nature of center- and home-based programs. In low population density areas, daily transportation charges will raise the cost of center-based Head Start projects significantly. In these areas Home Start, with one trip per family per week, may be the only acceptable program on cost-effectiveness grounds. In urban areas, with small pockets of families who are isolated from the general community by cultural or language barriers, a home-based program may be a more effective mechanism than a large center-based program for reaching these isolated groups. The availability of a home-based component within an existing Head Start program widens the range of choice available to families. With both types of programs available, federal spending on early childhood programs will be better able to conform to preferences and needs in local communities (Love, et al., 1976b, p. 114).

The Home-based Effort in Head Start: Ten Years Ago

An analysis of operating home-based programs can show what needs are being met. Descriptive information on how home-based options were operating a decade ago provides background for interpreting the descriptive findings from the telephone survey reported in Chapter 2.

A study by Children (1st) First, Inc. (1977) documented the growing popularity of the home-based option within Head Start. The favorable findings of the Home Start Evaluation clearly contributed to the institutionalization of the home-based, parent-focused approach to providing comprehensive Head Start services to families. Each year the number of programs operating a home-based option continued to grow.

Results of a telephone survey completed with 45 programs described the following characteristics of home-based options:

Major reasons for selecting children for home-based option:

Distance from center	15 (33%)
Parental choice	10 (22%)
Special needs of family	10 (22%)
Handicapped child	8 (18%)
No facility available	6 (13%)

Center attendance:

87% required children to attend center
13% did not provide for center attendance
1 program had optional center attendance

Most frequently used training sources (more than one response):

HTSCs	25 (54%)
Other institutions	21 (46%)
Own staff	14 (30%)

Ages of the children varied, but slightly less than half of the programs served 3- to 5-year-olds and a quarter served 3- to 4-year-olds.

For the 16 completed site visits, the following important findings were reported:

Most frequent reasons for selecting home-based option (more than one response):

Geographic isolation/transportation	9 (56%)
Belief in parent as primary educator	5 (31%)
Parental choice	3 (19%)
Budget	3 (19%)

Selection criteria most often used (more than one response):

Head Start eligibility	9 (56%)
Geographic considerations	5 (31%)
Family preference	4 (25%)
Family needs	4 (25%)

Parties usually involved in selection of home-based option (more than one response):

Staff	15 (94%)
Policy council	14 (88%)
Families	8 (50%)
Head Start administrators	7 (44%)

Ten of the sixteen programs reported that staff-related problems were encountered in the development of the home-based option. These included lack of time for planning and training, reluctance to go into homes, overwhelming problems faced by families and the newness of the program. Parent-related problems were reported by five of the sixteen programs. These included reluctance to participate and the need to convince parents that the program was viable.

The report also noted an increase in services to younger children. Five of the sixteen programs, which did not initially do so, were serving the birth to 2.9-year-old population. The other eleven programs served older children.

In 88% of the programs, home visitors served between ten and fifteen families each. In one program, the number varied between five and ten each. One program reported the number of families served varied for each visitor. In 88% of the programs, home visits were made once per week.

The major conclusion of the Children (1st) First study was that home-based programs throughout the country could benefit from better and more frequent home-based training, supervision, and support for home visit staff. Other conclusions indicated a need to better inform parents about the different Head Start options. Some sources indicated that sometimes the attitude of program staff was that the home-based option was a last resort to be used for transportation or budget reasons rather than as an option that supports the philosophy of parents as primary educators of their children.

ACYF Guidelines for Operating Home-based Options

Based on all of the research findings, ACYF has compiled suggested guidelines for the operation of home-based options. The guidelines are based on conventional wisdom and on the research findings and have not been finalized. Some of the specific descriptive information from the telephone survey (Chapter 2) may inform policymakers about the validity of the guidelines, and modifications may be suggested by the survey findings.

ACYF suggested guidelines for home-based options are as follows:

1. The home-based option focuses on the parent(s) as the primary factor in the child's development and the use of the home as the central learning facility.
2. The number of families that a home visitor may serve is 9-12, based on a forty hour work week.
3. A home visit of approximately 90 (at least 60) minutes duration must be scheduled to each child's home, a minimum of three times per month (preferably weekly), involving both the parent(s) and the child (children).
4. There must be a minimum of three hours of group experience per month provided for parents and their children.
5. A minimum of one food preparation activity, coordinated with meals and snacks, must be provided monthly during a home visit.
6. The home visitor must be able to communicate in the language preferred by the parent(s).
7. A home visitor must be accompanied by the supervisor on home visits at least twice a year.
8. Each week, 20 percent of the home visitor's time must be allotted for reporting, planning, and consultation/training.
9. Parents must be involved in the planning, implementation and assessment of home visits.

10. Specialized home-based training must be provided for all home-based staff.

11. Emphasis must be placed on the use of materials easily acquired or readily available in the home and community.

Following this general 11-point set of "guidelines," in 1986-87 451 Head Start programs were serving some 30,000 children through home-based approaches. Details on these programs and the children and families they served are presented in the next chapter.

CHAPTER 2

A PROFILE OF HOME-BASED HEAD START NATIONWIDE

Since the mid-seventies when the home-based Head Start option was first introduced, little information had been gathered about these programs. To fill this information gap, a nationwide telephone survey of all Head Start programs that operated the home-based option was conducted in the spring of 1987. The basic descriptive information obtained through the survey is summarized in this chapter. We start by presenting a profile of the home-based operations of the 429 Head Start programs that participated in the survey. The 429 programs that responded to the telephone survey represent a 95 percent response rate, so essentially this profile can be considered as descriptive of the entire population of Head Start programs that offer the home-based option. Some information is included on the overall characteristics of these programs, including the center-based component that the majority of sites operated along with a home-based option. While our main focus is to describe home-based Head Start, any characteristic differences between the home- and center-based approaches are highlighted. This profile is followed by a discussion of reasons why a small percentage of programs that had a home-based option in 1985 had ceased offering that option. Next, we examine program differences associated with the four types of agency auspices under which home-based Head Start programs are operating and a brief summary of findings and conclusions.

Nationwide Program Characteristics

Home-based Head Start operated in two types of settings. There were programs that provided Head Start services to enrolled families and children solely through the home-based option, also called home-based-only

(HBO) programs. The majority (91%) of the programs, however, had both a traditional center-based program and an often much smaller home-based component (referred to in this report as "mixed" sites), and enrolled participants in either center- or home-based programs.

The home-based option had been implemented by these programs for a variety of reasons. As shown in Table 2-1, it enabled Head Start to serve a greater geographic area, areas not densely populated or where families previously did not have access to Head Start; many rural families were isolated from services or were reluctant to enroll their children in a center-based program; distances to the nearest center were too great, or transportation services to the center were lacking altogether. Approximately one out of seven programs lacked the facilities to operate a center-based program, and this was a decisive factor in adopting home-based or adding a home-based option to an existing center-based program. Other reasons cited for implementing the home-based option include the view that the home-based option is more effective than center-based Head Start, cost factors, and parental requests for home-based services.

The home-based option was started one to fifteen years ago in these programs and had been in operation a median of eight years when the survey was conducted. Most programs provided services from September through May. One out of four programs were operational in June, and most were closed during July and August. About 10 percent started their program year in August.

TABLE 2-1

PRIMARY REASON FOR STARTING HOME-BASED OPTION

REASON	PERCENT OF PROGRAMS	
Geographic Location	55.8	
-Population too spread out (and need to serve rural families)		22.5%
-Distance to center too great		15.7%
-Lack of transportation		10.1%
-Family isolation and/or reluctance to enroll child in center		7.5%
Lack of Center Facilities	15.7	
Home-Based More Effective	11.5	
Home-Based Less Costly	6.6	
Other	10.4	

Enrollment and Family Characteristics

A total of 112,874 children were enrolled in the 429 Head Start programs surveyed. Enrollment was two percent lower than the 114,941 slots actually funded, which was due to children dropping out during the course of the program year and delays in refilling slots. Home-based-only programs were 100 percent enrolled; home- and center-based slots in programs offering both options were 98 percent filled.

A total of 4,166 children were enrolled in the thirty-eight programs that offered services only through the home-based option. The remaining 391 Head Start programs had 24,656 children enrolled in the home-based component and 84,052 in center-based. In over half of the programs (56%), all children of Head Start age in the family were counted as being served; 40 percent only counted the target child or children if they were twins.

As shown in Table 2-2, two-thirds of the enrolled children were four-year-olds, 25 percent three-year-olds, and the balance were children either younger or older in age. Head Start programs with both home- and center-based components were more likely to enroll three-year-olds in home-based and older children in center-based. The ratio of three- to four-year-olds was 2 to 3 in the home-based option in mixed sites, compared to 2 to 7 in home-based-only programs and center-based Head Start. Thirteen percent of the enrolled children were considered handicapped. Handicapped enrollment was four times higher in home-based-only programs than in home-based in mixed sites and ten percent higher than in center-based.

Almost half of the children (44%) represented ethnic minority groups -- 26 percent were black, 13 percent hispanic, and the remaining 5 percent Asian or Pacific Islander or American Indian/Alaskan. Minority

TABLE 2-2

ENROLLMENT AND CHILD CHARACTERISTICS

CHARACTERISTICS	HOME-BASED ONLY	MIXED MODEL HOME-BASED	MIXED MODEL CENTER-BASED	TOTAL
Number of Programs	38	391		429
Child Enrollment	4,166	24,656	84,052	112,874
Child Age				
3 Years	22.9%	38.1%	20.9%	24.7%
4 Years	69.7%	56.2%	71.7%	68.2%
Other	7.4%	5.7%	7.4%	7.1%
Handicapped Children	14.9%	11.9%	13.5%	13.2%
Ethnic Background				
White	81.5%	68.9%	50.7%	55.9%
Black	8.1%	14.0%	30.0%	25.7%
Hispanic	5.7%	12.8%	13.6%	13.1%
Asian or Pacific Islander	1.2%	2.4%	3.2%	2.9%
American Indian or Alaskan Native	3.4%	1.5%	1.9%	1.8%
Length of Time in Head Start				
1 Year	78.7%	79.2%	74.2%	75.4%
2 Years	21.0%	18.2%	22.0%	21.1%
3 Years	0.3%	0.8%	0.8%	0.8%

enrollment in home-based-only programs was considerably lower than in mixed sites. This is attributable to the fact that home-based-only programs served a significantly higher percentage of children from rural areas and surrounding cities and towns which tend to have a smaller minority population. As illustrated in Table 2-3, center-based programs were more concentrated in urban areas and served fewer isolated families.

For three out of four children (75%), this was their first year in Head Start. Twenty-one percent of the children were in their second year, and less than one percent had been in Head Start for more than two. Reasons given by programs for serving a child in Head Start for more than one year were: the age of the child and being too young to enter school (35%), special needs of the family (30%), handicapping conditions of the child (17%), and the view that one year of service is not as effective as two (19%). Two out of three programs had a policy about the length of time a child could be enrolled in Head Start, typically two years, although this ranged from one to five years.

A total of 103,697 families were being served in Head Start programs with a home-based option, 3,435 in home-based-only programs and 99,762 in sites offering both home- and center-based options. Six percent of the families had more than one child enrolled in the program. (This tended to be somewhat higher in home-based because of siblings being counted as enrolled.) Almost one-third of the families (31%) had been in Head Start for more than one year, and in one out of five families, an older sibling had attended Head Start previously. It is of interest to note that only one out of three home-based-only programs had a policy about the length of time a child or family could remain in Head Start compared to two out of three programs offering both options.

As shown in Table 2-3, almost half of the families were two-parent families, and 41 percent of the families were headed by a single parent with no other adult living in the household. Children in center-based Head Start were more likely to come from single-parent families, to have parents who were working, and to have an ethnic minority background than those in home-based. This points to important differences between home- and center-based Head Start in the community settings, geographic areas and populations they serve. About one-third of the families had only one child, another third had two children, and the remaining third had more than two.

Approximately half of the single heads of household were employed. Employment was highest among single heads of household in center-based programs. Median income was between $6,000 and $6,999 per year for both home- and center-based families, compared to an average annual family income of $6,000 to support a family of four or five in the early seventies when the home-based option was launched. Over half of the families were receiving welfare assistance, and 40 percent of the families were considered to face multiple family problems. One in five of the enrolled families were considered to be living in isolation by staff. Isolation was far more common in home- than in center-based programs.

Criteria for Assignment to Home-Based

In determining which families to enroll in the home-based option, programs offering both center- and home-based options considered the following criteria ranked by the frequency of responses (see Table 2-4). Geographic location of the family was the determining factor for two-thirds of the programs. Family preference, the age of the child, specific child handicaps and needs, family problems, or lack of transportation to a nearby center were other criteria for family assignment that were

TABLE 2-3

FAMILY CHARACTERISTICS

CHARACTERISTICS	HOME-BASED ONLY	MIXED MODEL		TOTAL
		HOME-BASED	CENTER-BASED	
Family Enrollment	3,435	99,762		103,697
Families with More Than One Child in Head Start	11.0%	7.7%	5.1%	6.4%
Families in Head Start for More than One Year	29.9%	27.4%	32.5%	31.3%
Families with Prior Head Start Experience	18.7%	18.4%	19.7%	19.8%
Families with				
1 Child	23.5%	35.1%	35.0%	34.0%
2 Children	35.5%	28.9%	29.5%	29.7%
3 or More Children	41.0%	36.0%	35.5%	36.3%
Two-Parent Families	59.0%	54.7%	44.9%	47.0%
Single-Parent Families with No Other Adult in Household	26.1%	32.9%	44.0%	40.8%
Single Working Parents	23.3%	18.9%	28.3%	26.0%
Median Family Income	$6-7k	$6-7k	$6-7k	$6-7k
Families Receiving Welfare Assistance	54.9%	52.6%	53.8%	53.5%
Family Location				
Central City	11.2%	17.2%	36.4%	31.2%
Suburban	4.0%	7.1%	7.5%	7.2%
City or Town	40.3%	26.0%	34.5%	32.9%
Rural	44.6%	49.8%	21.6%	28.6%
Isolated Families	31.0%	32.7%	17.6%	21.3%

TABLE 2-4

CRITERIA FOR FAMILY ASSIGNMENT TO HOME-BASED OPTION
(Percent of Programs)

CRITERIA	PERCENT OF PROGRAMS*
Geographic Location	67.4
Family Preference	35.0
Age of Child	33.7
Child Handicap or Need	32.9
Family Problems	26.5
Lack of Transportation or Nearby Center	21.1
Lack of Center Slots	9.3
Mom Working	3.9
Family Isolation	3.6
Other	24.4

---

* Percentages refer to the proportion of programs rating a criterion as one of the three most important criteria.

frequently used. Ten times more home-based programs in mixed than home-based-only programs encountered parents who thought that their child could do better in the center, an option open only to parents in sites which offered both home- and center-based.

The majority of the programs reported reluctance on the part of some parents to enroll in the home-based option, primarily because they did not understand the approach and benefits (31% of the programs), were hesitant about someone coming into the home (29%), thought the child could do better in the center (20%), or wanted the child out of the house (11%). Few programs indicated that parents decided not to enroll in home-based Head Start because they didn't want to spend the.time for home visits or to work with their child.

Staffing, Education, and Supervision

Head Start programs with the home-based option had a staff of 2,534 home visitors, 4,113 classroom teachers, and 4,072 classroom aides. Almost all home visitors were women and one out of three were former Head Start parents. Half of them had three or more years of experience as a home visitor; twenty-nine percent were new to the program. The majority of the home visitors were thirty years of age or older. Table 2-5 provides basic descriptive information about the characteristics of home visitors, which were comparable in home-based-only sites and programs offering both home- and center-based options.

Almost all home visitors had completed high school or obtained a General Equivalency Diploma (GED). One-third had associate or higher college degrees, and half had received some post high school training but not obtained a college degree. Over one-third of the home visitors had

TABLE 2-5

HOME VISITOR CHARACTERISTICS

CHARACTERISTICS	NUMBER OR PERCENT
Home Visitor Age	
less than 21	0.5%
between 21 and 29	24.5%
between 30 and 39	43.8%
40 or older	31.2%
Former Head Start Parents	29.0%
Education	
High School or GED	14.4%
Beyond High School	50.0%
Associate, Bachelor's or Higher Degree	34.4%
Home Visiting Experience	
Three or More Years	50.7%
Less Than One Year	28.9%
Caseloads	11 - 12 families

received a child development associate (CDA) certificate or early childhood education (ECE) degree, or both. This training had been provided in a variety of settings. Almost half had been enrolled in one of the Home Start Training Centers which were established in the mid-seventies when the home-based option was launched nationwide.

Home visitors earned an hourly wage of $7.09 on average. Home visitor salaries were six percent lower than those of classroom aides even though a far greater proportion had been CDA certified or had obtained an ECE degree, as illustrated in Table 2-6. Head Start classroom teachers earned 42 percent more per hour than home visitors, but were more likely to have obtained a CDA certificate or ECE degree.

TABLE 2-6

COMPARISON OF STAFF TRAINING AND SALARIES

	HOME VISITORS	CLASSROOM TEACHERS	CLASSROOM AIDES
CDA Certified	25.3%	46.0%	11.7%
ECE Degree	10.1%	17.0%	2.1%
CDA Training but Not Certified	28.6%	17.7%	26.6%
No CDA or ECE Training	36.0%	19.3%	59.6%
Average Hourly Wage	$7.09	$10.08	$7.50

Home visitor training and the salaries they received were different in home-based-only programs and sites operating both a home- and center-based component. Forty-one percent of home visitors in home-based-only programs versus twenty-seven percent in home-based options in mixed sites had obtained a CDA certificate or early childhood education degree. Home visitors in home-based-only sites were two to three times more likely to have received training at a Home Start Training Center than their counterparts in mixed sites. With regard to salaries, mixed programs paid home visitors 11 percent less than home-based-only sites ($7.02 versus $7.80 per hour).

Home visitors served a median of 11 or 12 families each, although some had caseloads of only two families, while others served as many as 20. Sixteen percent of the programs reported home visitor caseloads that exceeded 12 families, and three percent had caseloads of 16 or more families.

Home visitor assignments to enrolled families were based primarily on geographic location and proximity. Matching home visitors on the basis of ethnic background or language was a far less common assignment criterion. The majority of the programs assigned the same home visitor for the child's second year in the program because continuity was deemed important.

Home-based Head Start programs employed a total of 666 home visitor supervisors, each working with between four and five home visitors. (Supervisors in home-based-only sites supervised five compared to four home visitors in mixed sites). Almost half of these supervisors (46%) had been home visitors themselves. Typically, the supervisor accompanied each home visitor on a home visit once or twice a year, somewhat less frequently than recommended in ACYF guidelines for home-based programs. In about one-third of the program, such in-home monitoring occurred three or more times per year. No in-home monitoring of home visits was reported by ten percent of the programs, even though programs were experiencing considerable home visitor turnover and many home visitors were new to the program this year.

There were a number of other ways in which supervisors monitored the home visitors or assisted them in their work. In most programs supervisors reviewed home visit records on a regular basis, consulted with home visitors as needed regarding child or family problems, assisted with group meetings for enrolled families and children, and provided home visitor training. In about five percent of the programs, supervisors were involved in the development of the home visit curriculum and observed group socialization sessions for children.

When asked about aspects of the home-based program that required improvement, a number of program directors mentioned staff training, earnings, and supervision. Twenty-three percent of the programs felt home visitors could benefit from more training. According to some program directors (6%), home visitors are harder to train than center-based staff, and this was considered a major disadvantage of the home-based option. More supervision for home visitors (which some programs viewed as difficult to provide), or regular peer support for home visitors who often work in isolation (particularly in rural programs that serve large geographic areas), were mentioned by seven percent of the programs. Better pay for home visitors was an area where improvement was needed according to seven percent of the programs.

Program Services -- Home Visits and Group Sessions

Services in home-based Head Start programs were delivered primarily through home visits and periodic groups sessions, which provide children and often their parents which socialization experiences. The median number of home visits each family received was four per month and 32 per year. The number of home visits per month ranged, however, from one to eight visits per month. Home visits typically lasted an hour and a half, although some were reported to be as short as 45 minutes while others lasted close to two hours.

A variety of subject areas were covered during home visits. As shown in Table 2-7, the cognitive, social and physical development of the child were covered almost always in home visits in nearly all programs. Health and nutrition also were addressed frequently. Mental health concerns and household management were covered as needed. A variety of other topics were reported to be addressed in home visits, such as child discipline, safety, community resources/social services, and career or job counseling for adult members of the family.

TABLE 2-7

FREQUENCY WITH WHICH TOPICS ARE COVERED IN HOME VISITS (Percent of Programs)

	Almost Always	As Needed	Never
Cognitive Development	97.7	2.1	0.2
Social Development	80.8	18.9	0.2
Physical Development	82.5	17.5	--
Health	72.1	27.9	--
Nutrition	74.0	25.8	0.2
Mental Health	26.4	73.2	0.5
Household Management	11.0	84.1	4.9

Considerable emphasis was placed on parents in home visits. One out of three of the programs reported that home visitors worked primarily with parents, and in 63 percent of the sites home visitors worked with both parent and child. Only three percent of the programs indicated that home visits focused primarily on the child. Older or younger siblings of the target child were usually involved in the home visit if they were home at home visit time. Programs reported that they involved parents in every home visit (62%) or nearly every home visit (32%). Parents were reported to participate in the planning of home visits in almost every site.

Almost all programs enrolled families even if the primary caregiver of the child was employed. One out of every four programs scheduled home visits at the parent's convenience so that mom or dad could participate. In almost 40 percent of the programs, home visits took place with the person taking care of the child while the mother was at work or with another relative in the home.

In addition to home visits, most programs offered group sessions typically two or three times per month. The frequency of group sessions ranged from none in some sites to twelve in others. Each group session lasted about three hours each, and ranged in length from 45 minutes to 7.5 hours. Socialization activities varied in terms of which member(s) of the family attended. About half the programs varied the format of group socializations -- some focused entirely on children, others involved both parent and child, and others were organized to offer a combination with adults and children getting together in separate groups. Snacks were usually served during group socializations. Group sessions were generally organized and conducted by each home visitor for her own group of assigned families. In some programs, two home visitors combined their efforts and conducted group sessions jointly. Almost all programs brought all families together for special events from time to time.

Considerable concern was expressed by program directors about the limited opportunities for socialization in home-based Head Start. Two-thirds of the programs mentioned that not enough was offered for the child, and over one-third (37%) raised similar concerns about opportunities for parents to get together. One out of five directors indicated that improvements should be made in these areas. This perceived weakness led several programs to cease offering the home-based option, as is described in more detail later in this chapter.

Parent involvement is encouraged in Head Start and a number of opportunities were provided by programs offering the home-based option. Seventy-one percent of the programs conducted workshops, education and training and encouraged parents to attend. Parents served as members of the policy council in over two-thirds of the programs. Other parent involvement opportunities typically provided were: assisting in the classroom (offered by 43% of the programs), field trips (29%), and conducting fundraisers (23%). In some programs, parents took an active part in compiling or editing a program newsletter.

When asked about the extent of parent involvement in program activities other than home visits and group socializations, directors reported that it was fairly high. Almost half of the programs reported that parents were involved more than once a month. Such involvement was minimal in thirteen percent of the programs. Parent participation was reported to be somewhat higher in home-based-only than in home-based options in mixed sites, but contrasted sharply with reported levels of participation of parents enrolled in center-based. Fifty-four percent of the center-based programs reported that parents participated once a month or more compared to

85 percent in home-based-only programs and 76 percent in home-based options in mixed sites. This finding must be interpreted with caution, however. Home-based programs are likely to have included home visit time spent by the parent in estimating levels of parent participation in program activities.

Other Program Services

Assessment of child and family needs are an important element of Head Start services. The process identifies specific services families and their children require and help home visitors to develop an individualized plan for each of their assigned families. This assessment was usually done after enrollment and in most programs was completed within four weeks. Three out of every four programs had a specific time frame for the assessments. In spring of 1987, 90 percent of the needs assessments were reported to be complete. The completion rate was highest in home-based-only sites. Almost two out of three families with a completed needs assessment were considered to be in need of social services, and almost all of those (89%) had received the services. Families enrolled in the home-based option in mixed sites were somewhat more likely to have received needed services than was the case for home-based-only or center-based families.

The needs assessment was done by the home visitor in 68 percent of the home-based programs. In one out of four of these programs, someone other than the home visitor was responsible, and responsibility for needs assessment was shared by the home visitor and another member of the staff in the remaining six percent of the programs.

Home visitors provided most of the required services to families and their children. Assignment of responsibility for the delivery of specific services varied somewhat from program to program, as illustrated in Table 2-8. Medical, dental and mental health services were usually provided by staff other than home visitors.

TABLE 2-8

ASSIGNMENT OF STAFF RESPONSIBILITY
(Percent of Programs)

SERVICE	HOME VISITOR ALONE	OTHER STAFF	SHARED
Needs Assessment	68.2	25.5	6.3
Educational	89.0	2.3	8.6
Nutritional	66.5	15.0	18.5
Parent Involvement	56.1	19.9	24.1
Social Services	53.5	24.1	22.4
Mental Health	37.9	43.5	18.7
Dental	32.6	52.2	15.2

The delivery of medical and dental services, as well as immunizations, to target children is mandated by Head Start. In spring of 1987, considerable progress was reported in completing medical and dental screenings, provision of follow-up services for children requiring care, and obtaining required immunizations as noted in Table 2-9. Over 80 percent had received a medical and dental screen and started with required immunizations. And of the children in need of follow-up services, over half had completed the treatment, and treatment was in process for the remaining group of children. Immunizations had been completed for a significantly greater proportion of children in home-based-only programs. The provision

TABLE 2-9

PROVISION OF MEDICAL/DENTAL AND OTHER SERVICES
(Percent of Children)

	HOME-BASED	MIXED MODEL		
	ONLY	HOME-BASED	CENTER-BASED	TOTAL
Needs Assessment*				
Completed	97.0	88.0	89.6	89.5
Social Services*				
Needed	65.3	70.9	61.7	63.7
Received	87.1	92.4	87.5	88.7
Medical				
-Screenings Completed	89.9	82.3	87.4	86.4
-Children Requiring Treatment	17.4	20.4	18.3	18.7
Treatment Completed	45.7	57.3	61.3	59.8
Treatment Begun but Not Completed	43.9	27.8	27.8	28.4
Dental				
-Screenings Completed	87.0	78.8	81.8	81.4
-Children Requiring Treatment	34.0	34.4	34.2	34.2
Treatment Completed	61.0	50.0	55.6	54.6
Treatment Begun but Not Completed	25.9	28.3	24.7	25.5
Immunizations				
-Completed	83.4	73.0	69.0	74.5
-Partially Completed	14.6	11.1	8.2	9.1

*Percent of Families

of immunizations and medical/dental services was limited to target children in most programs (84%), even though over half counted siblings in their total enrollment.

Home visitors in most programs (86%) provided transportation services to and from appointments for their families. In two-thirds of the programs, a trip to an appointment replaced the home visit from time to time. Twenty-three percent of the programs reported that taking families to an appointment never replaced a home visit.

Program Effectiveness

As part of the survey, program staff were asked to compare the home-based to the center-based option in terms of overall program effectiveness. There was virtually unanimous agreement that the home-based option is most effective in helping parents to develop or improve their parenting skills, and that the effectiveness of center-based programs lies in the development of children's social skills. Program options rated themselves as being equally effective in the development of children's cognitive and gross motor skills and the delivery of health services, as shown in Table 2-10.

Home-based-only programs clearly favored this option and viewed several aspects of the program as being delivered more effectively through the home-based approach. These areas included: getting parents involved in Head Start activities, delivery of social and nutritional services, helping parents with the children's transition to public school, helping families gain access to community resources, getting parents involved in the community, and helping to secure jobs or training. Mixed sites showed less bias toward the center-based option. Only the delivery of nutritional

TABLE 2-10

PROGRAM EFFECTIVENESS RANKING

OUTCOME AREA	HOME-BASED RANKING	CENTER-BASED RANKING
Help parents develop parenting skills	Home-Based	Home-Based
Get parents involved in Head Start activities	Home-Based	Equal
Deliver social services	Home-Based	Equal
Deliver health services	Equal	Equal
Deliver nutrition services	Home-Based	Center-Based
Help parent with transition to public school	Home-Based	Center-Based
Help parents access community resources	Home-Based	Equal
Develop children's social skills	Center-Based	Center-Based
Develop children's cognitive skills	Equal	Equal
Develop children's gross motor skills	Equal	Equal
Get parents involved in the community	Home-Based	Equal
Help parents secure jobs or training	Home-Based	Equal

services and assisting parents in the transition to public school were areas in which center-based programs ranked themselves as more effective. In all other areas, the two programs were ranked as equally effective.

Advantages and Disadvantages of Home-Based and Areas Requiring Improvement

As part of the telephone survey, program directors were asked to share their views about major advantages and disadvantages of the home-based option and to identify areas which they felt required improvement. The emphasis on parents in home-based Head Start was noted as the major advantage. Over half the programs indicated that home-based facilitated greater involvement by parents in the education of their own children and another 30 percent cited the provision of individualized training to parents as very beneficial and a major advantage of the home-based option. Other advantages noted included regular contact with parents (40% of the programs) and awareness of family needs (19%).

Almost two-thirds of the programs viewed the limited opportunities for child socializations as a major disadvantage of the home-based option. Over one-third had similar concerns about socializations for parents. Other concerns included difficulties in promoting the home-based approach and getting parents to accept and understand their role as their children's primary educators (14%), staff training and supervision issues discussed earlier (13%), and the fact that home-based Head Start does not meet the day care needs of working parents (3%).

Specific recommendations for improving the home-based option are presented in Table 2-11. Most of the recommendations made related to staff -- their training, supervision, support and pay -- pointing to the difficult job that home visitors have, particularly in remote areas. There were program-specific recommendations calling for increased child socializations, as well as home visit frequency. Mention also was made of the need to develop performance standards specific to home-based which currently do not exist and increasing public awareness of the goals and benefits of the home-based approach.

TABLE 2-11

HOME-BASED IMPROVEMENTS

AREA	PERCENT OF PROGRAMS
Program-Specific	
-increased socializations for children	21.2
-increased home visit frequency	7.2
-development of performance standards specific to home-based	12.5
-increased public awareness of the goals/benefits of home-based	10.1
Staff	
-more home visitor training	23.1
-more regular peer support for home visitors	7.7
-better pay for home visitors	6.7
-more supervision for home visitors	6.7

Reasons for Dropping the Home-Based Option

Each year a small number of Head Start programs discontinue offering the home-based option. To find out why, 59 former home-based Head Start programs were interviewed.* Table 2-12 summarizes the most common reasons given. (Some programs cited more than one reason for dropping the option.)

TABLE 2-12

REASONS FOR DROPPING THE HOME-BASED OPTION

REASON	NO. OF PROGRAMS
Parental Preference for Center-Based Head Start	18
Funding Cutbacks	18
Home-Based Offered Only as Temporary Option	15
Home-Based Did Not Meet Program Objectives	6
ACYF's One-Year-of-Service "Policy"	4

---

* The sample included 37 programs that according to the 1986 Head Start Program Information Report (PIR) no longer offered the home-based option. Data on seven programs were erroneous--six still had home-based programs, and one never had operated a home-based option. Another 29 programs in the telephone survey sample reported that they had discontinued the home-based option and were interviewed.

Almost one-third of the programs in this survey indicated that parental preference for center-based Head Start was the deciding factor in dropping the home-based option. Reasons for preferring center-based varied, but seemed to be related primarily to a desire for more socialization opportunities for children than were offered in home-based. Working parents in one program wanted their children in a learning center rather than leaving them with a babysitter. Providing socialization experiences was problematic for some programs, particularly if parents had difficulty getting their children to the center or the program was unable to provide transportation. Dissatisfaction about limited opportunities for socialization did not only concern children. Parents opted for center-based Head Start in some sites because it offered more parent activities. Parental concerns about child nutrition and a preference for the two meals served daily at the Head Start center were cited as factors contributing to another program's decision to offer only a center-based program.

Closely linked to parental preferences was the notion that the home-based option simply did not meet overall program objectives. Two programs discontinued this option because parents lacked a commitment to the home-based model which thereby rendered the educational component ineffective. As one director comments: "We could not get parents to follow through and work with the children as we wanted and the home-based children were testing below the center-based children." The frequency of home visits was an issue in another former home-based program. An increase from two to three visits per month led to complaints by parents who indicated they could not handle this schedule. Cutting back to two visits per month, however, meant that the program no longer met ACYF home-based option requirements. There were other programs where the home-based option simply did not meet parental needs and schedules. To quote one program: "It did not work because some parents resented us coming into the home. Some were in training or going to school, so the time frame for home visits did not meet their needs." This resulted in missed home visits and an increase in the family dropout rate. However, a number of home-based programs were serving working parents effectively by adjusting home visit schedules so that the parent could participate.

Funding considerations led to discontinuance of the home-based option in eighteen programs. In some sites, the home-based option had been funded for a limited period and withdrawal of funds forced programs to drop the option. Fifteen programs had established home-based options as a temporary solution to meet short-term objectives. They included: (1) providing Head Start services in certain areas where center space was temporarily not available; (2) accommodating long waiting lists for center-based slots; and (3) serving special populations such as isolated rural families or migrants in areas with no center facilities. The acquisition of such facilities or a decline in the Head Start eligible population in certain areas led to discontinuance of the home-based option. The home-based option was used in some sites to ensure that center-based children continued to be served during periods when no transportation could be provided by Head Start because of vehicle breakdown or severe winter weather making roads impassable. These programs thus used the home-based option as a substitute for center-based Head Start or as a creative means of dealing with administrative problems.

Four programs considered the home-based option not cost-effective, based on the high cost per contact hour or extensive travel costs associated with serving a small group of families spread out over a wide geographic area. The per-contact-hour cost in home-based is misleading (particularly in comparing home- and center-based costs) because it fails to take into account the continuation of educational activities and program benefits between home visits. Operating a home-based program in rural areas was deemed more effective than in urban settings in part because it eliminates the need to transport children from a wide geographic area to the center.

Four programs offered families a combination of home- and center-based Head Start. Three-year-olds started out for one year in home-based and attended center-based the following year. These programs thought it had become Head Start Policy to limit services to one year and so discontinued their home-based option.

Several programs that had closed down their home-based option, particularly those citing funding constraints, regretted their decision. Most felt that home-based had been an effective way of serving families.

Agency Auspices

Home-based programs were hosted by a variety of agencies: community action agencies, school systems, public or private non-profit organizations, and government or single purpose agencies. Table 2-13 displays by type the number of programs operated by each of these sponsoring agencies and shows their child and family enrollment.

In this section, we describe any differences that were found in how home-based programs operated under the various sponsorships.

Community Action Agencies

Community Action Agencies (CAA), which in 1987 were by far the largest sponsor of home-based Head Start programs nationwide, had been operating the home-based option longer than any other sponsorship -- nine

TABLE 2-13

NUMBER OF HOME-BASED PROGRAMS AND ENROLLMENT BY AUSPICES

AGENCY TYPE	No. OF PROGRAMS		No. OF CHILDREN	
	HBO	MIXED	HBO	MIXED
Community Action Agency	16	230	6,774	48,508
Public/Private Non-Profit Org.	8	84	6,453	18,695
Govt/Single Purpose Agency	7	52	3,939	12,929
School District	7	25	1,494	3,350

and ten years for the home-based option in mixed programs and home-based-only programs respectively. Head Start programs under CAA sponsorship served the largest number of children in a home-based setting. The proportion of four-year-olds enrolled in CAA home-based programs was considerably higher than in programs under different sponsorship (74 percent compared to 68 percent for all home-based programs combined). What distinguished these programs was a considerably lower minority enrollment in the home-based option (8% for HBO and 24% for home-based-mixed compared to 19% and 31% respectively across all sponsorships).

Median hourly wages paid home visitors on average were highest for CAA-sponsored home-based-only programs ($9.32 versus $7.80 across all sponsorships, a 19% differential). In contrast, home visitor wages in mixed sites were among the lowest ($6.77 versus $7.02 overall, a difference of 25%). Classroom aides in these mixed sites had salaries 21 percent above those paid to home visitors.

Public or Private Non-Profit Organizations

Two characteristics of home-based Head Start under the sponsorship of public and private non-profit organizations distinguished these programs. Minority representation in home-based was highest across all sponsors -- 45 percent for home-based only and 44 percent for the home-based option in mixed sites compared to 19 percent and 31 percent across all sponsors. Two-thirds of the children enrolled in center-based Head Start represented ethnic minorities. This appeared to be due in large part to a higher concentration of home-based families (particularly in mixed sites) in central cities or suburban areas than in other sponsorships. The percentage of families receiving welfare assistance was highest for home-based in both program settings, as well as for center-based Head Start.

Government or Single Purpose Agencies

Government or single purpose agencies had among the highest minority representation in center-based Head Start (58% compared to 49% overall), although it was about average for home-based programs in both settings. Programs under this sponsorship had a greater tendency to serve families from central cities and suburban areas than was the case for other sponsorships. However, isolated families were more prevalent in home-based programs and the percentage of families receiving welfare assistance was slightly higher than average. Home-based options in mixed sites were the only programs with a policy limiting enrollment to one year.

Head Start agencies under this sponsorship paid their staff lower salaries than were paid by programs across all auspices: classroom teachers received $6.97, home visitors $6.81 in home-based-only and $6.53 in mixed sites, and classroom aides had hourly salaries of $4.84.

School Systems

School systems operated the smallest number of home-based Head Start programs and had the lowest enrollment. Home-based options in mixed sites were a fairly recent phenomenon; they had been in operation a median of only four years. Most home-based-only programs were concentrated in rural areas and surrounding cities or towns; and they had the lowest enrollment of three-year-olds among all sponsorships (15% versus 23% overall). Opportunities for home-based children in mixed sites to participate in group socialization activities were highest among all sponsors. Fifty-six percent of the programs offered such opportunities (compared to 38% over-all), and children attended four rather than three times per month and sessions tended to be longer.

The ratio of home visitors to supervisors was among the lowest (3.2) in home-based-only programs under LEA sponsorship, and the lowest (2.3) in home-based options in mixed sites. However, in-home supervision did not occur as frequently in other programs, with a median of zero to one times per year.

Home visitors in LEA-sponsored programs were more likely to have some post-high school training compared to other sites. This appeared to be reflected in home visitor salaries in mixed sites which were 36 percent higher than average ($9.75 versus $7.02 overall). Classroom teachers' salaries were 12 percent higher than those of home visitors, while aides were paid 27 percent less than home visitors. Staff in home-based-only programs did not fare as well. With hourly home visitor wages of $5.91, they ranked lowest in salary, 24 percent below average.

Conclusions

The nationwide survey was designed to obtain descriptive information about home-based Head Start and to ascertain the degree to which programs met ACYF guidelines for home-based programs. Of the 429 programs surveyed, 38 offered Head Start services only through a home-based option, and both home- and center-based programs were in operation at the remaining 391 sites. Home-based programs had been under way a median of eight years and had been started primarily to serve families in areas not previously served by Head Start. Many home-based programs served rural and often isolated populations, while center-based programs tended to concentrate on more urban populations. Median family income was between $6,000 and $6,999 per year, and over half of the families were receiving welfare assistance.

A total of 112,874 children from 103,697 families were enrolled in these Head Start programs, although not all in home-based. Twenty-six percent were in a home-based option, seventy-four percent in center-based, and less than one percent had children enrolled in both home- and center-based options. Head Start slots were 98 to 100 percent filled. For most of the children, this was their first year in Head Start. Slightly less than half of the children represented ethnic minorities, and 13 percent were considered handicapped. Minority representation was lower in home-based programs because of the rural population served. In sites offering both home- and center-based programs, geographic location and family preference were the main criteria for assigning families to home-based.

Home-based programs had a staff of 2,534 home visitors, more than half with three years or more of experience as home visitors. Staff turnover was fairly high; 29 percent of the home visitors had been with the program for less than a year. Almost all had completed high school, and many had received post-high school training. Over one-third had received a

CDA certificate or an early childhood education degree. Almost half the home visitors had received training at Home Start Training Centers. Average home visitor salaries were $7.09 per hour, less than the wages paid classroom aides and teachers. Home visitor training and salaries were cited by program directors as two areas where improvements should be made. Caseloads of home visitors averaged 11-12 families, but were higher in 16 percent of the programs.

Supervisors, about half of whom had been home visitors themselves, worked with between four and five home visitors and accompanied them on home visits a median of only one or two times per year, less frequently than recommended in ACYF guidelines for home-based.

The median number of home visits each family received was four per month and 32 per year. Home visits typically took an hour and a half and covered a wide range of topics. Parents or parent and child together were the major focus of home visits; only three percent of the programs had a predominantly child focus. In addition to home visits, almost all programs offered group sessions two or three times per month, slightly higher than recommended in ACYF guidelines for home-based programs. The limited opportunities for socialization in home-based Head Start were cited as a major program concern and an area where improvements were needed. In a number of former home-based programs, this lack of socialization opportunities was a decisive factor in discontinuing home-based. Parent involvement in program activities was high.

At the time of the survey, considerable progress had been made with needs assessments, medical and dental screenings, required follow-up care, and child immunizations. Siblings of target children in home-based, who were frequently counted as enrolled in many programs, received only limited medical services in some sites.

In terms of program effectiveness, there was almost unanimous agreement that the home-based option ranked first in helping parents to develop their parenting skills, a primary program objective of home-based. Not surprisingly, center-based programs were viewed as more effective in the area of child socialization skills.

In conclusion, survey results showed that home-based programs provide essential services to rural or isolated families, are operating in accordance with ACYF guidelines, and appropriately emphasize parents as primary educators of their own children, which is the cornerstone of the home-based Head Start philosophy.

CHAPTER 3

FINDINGS FROM THE INDEPTH STUDY OF EIGHT HOME-BASED PROGRAMS

In addition to the survey of all Head Start programs operating a home-based option, as reported in Chapter 2, eight programs were selected for an indepth examination of their characteristics, operations, and effectiveness. The analysis of their characteristics and operations was based on extensive information from interviews with the Head Start director and other staff (using the same questions asked of all programs in the telephone survey) and from other interviews and observations conducted by RMC Research's on-site data collection coordinator. Detailed descriptions of these findings can be found in the program case studies in Volume II. This chapter presents a summary of program characteristics and operations followed by findings from a special investigation into the programs' effectiveness.

Site Selection and Methodology

Eight Head Start programs were purposively selected to serve as sites for the indepth study. Four of the sites represented home-based-only (HBO) programs and four were selected to represent programs offering both home- and center-based options (Mixed Programs -- HBM and CBM). Several factors were considered in these programs' selection. First, the sites had to be following ACYF guidelines for home-based programs, in order that the study provide a clear comparison between home-based and center-based approaches. This meant that in the HBO sites and in the home-based components of the mixed sites, each family was provided three or four home visits per month and one or two group socialization activities per month. Furthermore, children in the home-based components should not be, for the most part, spending significant amounts of time in regular center-based classrooms.

Another selection factor was program size. Because of the needed sample size for the child testing and parent interviewing, only HBO programs with more than 50 four-year-old home-based children were considered, and mixed sites had to have at least 50 home-based and 50 center-based four-year-olds to be eligible for the sample. A third selection factor was racial-ethnic mix. Home-based programs have lower proportions of minority children than do Head Start programs generally; therefore, to ensure the selection of sites with minority children and families, programs with less than 15 percent minority enrollments were eliminated from consideration.

After taking these selection factors into account, all eligible programs were stratified by urban-rural and home-based-only vs. mixed factors, creating four cells from which to randomly select candidate programs. Two programs were randomly selected from each cell, and telephone calls to the regional offices confirmed whether the programs met all selection criteria and would agree to participate. In two cases, programs could not be included and alternate sites from the same cell were randomly selected as replacements. The characteristics and features of the eight selected programs are summarized in the next section, and extensive details on their context and operations are provided in the case studies volume (bound separately).

Within each site, 40 home-based children were selected for participation in the testing and interviewing by randomly selecting from those within the 3.5- to 4.5-year age range. Somewhat older children were selected because overall it appeared as though home-based children were younger than Head Start children generally. In sites with few minority children, minority groups were oversampled. In mixed sites an additional

40 center-based children were selected from program rosters using the same criteria. This resulted in the following indepth study sample of children and parents:

Home-based-only: 4 sites -- 160 home-based children and parents

Mixed sites: 4 sites -- 160 home-based children and parents
160 center-based children and parents

Total Sample: 8 sites -- 480 children and parents

Analyses of the distributions of sampled and non-sampled children and families on a number of variables (see Appendix A) found a few significant differences (chi-square or *t* tests, as appropriate) in fall 1986, some of which were a direct result of purposefully sampling older children and oversampling minorities.

At the home-based-only (HBO) sites, a higher proportion of the sample children were Black (46.5 percent compared with 26.4 percent of the non-sampled children), a higher proportion of the sample children were enrolled for more than one year (44.7 percent compared with 16.4 percent of non-sample children), and there was a slightly lower proportion of two-parent families (41.6 percent compared with 51.4 percent of non-sampled families).

In addition, sample children in HBO sites were significantly older than non-sample children, by about six months (54.5 vs. 47.3 months), because of the sample selection procedure. The sampled and non-sampled groups were equivalent on such variables as mother's education, mother's employment, mother's age, family size, and family income.

At mixed sites, sample children in the home-based group were also more likely to be enrolled for more than one year (35.0 percent compared with 10.3 percent of non-sampled children) and sampled families were more likely to be two-parent (58.0 percent compared with 46.8 percent of non-sampled families). In addition, home-based sample children in the mixed sites were significantly older than non-sample children, by about six months (54.3 vs. 48.9 months). The sampled and non-sampled groups were equivalent on such variables as children's ethnicity, mother's education, mother's employment, mother's age, family size, and family income.

The center-based sample in mixed sites had a lower proportion of Black children (44.1 percent compared with 56.2 percent of non-sampled children) and mothers were more likely to be employed (40.9 percent for sample families compared with 30.8 percent of non-sampled families). In addition, sample children in the center-based-mixed sites were significantly older than non-sample children, but only by about two months (55.3 vs. 53.4 months). The sampled and non-sampled groups were equivalent on such variables as the number of years the child was enrolled in Head Start, mother's education, mother's age, family size, whether two-parent family, and family income.

In conclusion, sample children for the indepth study were somewhat older than non-sample Head Start children, but generally similar along other important characteristics. On a number of variables that are often correlated with child performance data -- including mother's education, mother's employment, mother's age, family size, and family income -- there were virtually no differences between the children selected for the study sample and their non-sample peers. In two study groups (HBO and home-based mixed) there was a higher proportion of sample children who were enrolled for more than one year.

Using instruments selected and/or developed by RMC Research and Abt Associates, local data collection staff administered tests and interviews with children and parents at two points in time -- fall 1986 (pre-test) and spring 1987 (post-test). Home visit observations were conducted in spring 1987, and program staff were interviewed in December-January 1986-1987. Descriptions of the instrument battery and details of the data collection procedures can be found in Appendix A.

Program Characteristics and Operations of Programs Included in the Indepth Study

A lot was learned about the operation of home-based programs through the case study interviews conducted at the eight indepth sites. This section of the report first describes some of the primary characteristics of the sites and then summarizes findings from the cross-site analysis of the case study programs, providing concrete examples of program activities in such areas as program changes, community needs, responses to financial restrictions, parent and community involvement, home visitor supervision, and patterns of home visitor interaction with families.

Characteristics of Programs, Families, and Children

The basic features and characteristics of the eight programs selected for participation in the indepth study are shown in Table 3-1. Table 3-2 shows the diversity of family characteristics among the eight programs. Table 3-3 summarizes information about the children in the samples across the eight sites -- their age distribution, racial/ethnic distribution, and number of years enrolled. (Table 3-4 shows comparable information for the children selected for the test sample.)

The eight Head Start Programs studied operate in a variety of community settings, ranging from highly urban to truly rural. There is considerable variation in the size of the geographic area served and the number of children enrolled. Some serve fewer than 100 children in central city settings; others cover as many as 17 counties and geographic areas of

TABLE 3-1

PROGRAM CHARACTERISTICS OF INDEPTH SITES

	SITE							
	HOME-BASED ONLY				MIXED MODEL			
CHARACTERISTIC	MI	NC	VT	VA	GA	KY	MD	MO
Region	V	IV	I	III	IV	IV	III	VII
Setting[1]	C	C,R	C,T	S,R	R	C,S,T,R	S,T,R	C,S,R
Auspices	School	School	CAA	School	CAA	CAA	CAA	CAA
Current Enrollment								
Home-Based	91	84	195	100	88	238	110	86
Center-Based	0	0	0	0	644	567	341	164
Number of years program had a home-based option	9	9	12	18[2]	12	12	11	5
Average number of home visits per year	36	32	26	27	32	35	31	24+
Average number of socializations per month	*	2	2	3	1-2	4-8	2	3

* Once a month for 5 months, then 25 consecutive sesssions.

[1] C = central city of urban area

S = suburban fringe of urban area

T = city or town not part of large urban area

R = rural area

[2] Programs were not officially designated as home-based until 1972, but this site reported home-based activities beginning in 1968.

TABLE 3-2

CHARACTERISTICS OF FAMILIES IN INDEPTH STUDY PROGRAMS*

	SITE							
	HOME-BASED ONLY				MIXED MODEL			
CHARACTERISTIC	MI	NC	VT	VA	GA	KY	MD	MO
Number of families enrolled								
Home-Based	86	82	195	59	51	223	98	74
Center-Based	NA	NA	NA	NA	553	516	339	152
Percent living in isolated areas								
Home-Based	2.3	29.3	71.8	100.0	11.8	30.0	54.1	**
Center-Based	NA	NA	NA	NA	6.9	10.7	27.7	**
Percent receiving welfare assistance								
Home-Based	95.3	35.4	59.5	49.2	29.4	48.0	58.2	**
Center-Based	NA	NA	NA	NA	45.2	54.1	28.9	**
Percent two-parent families								
Home-Based	32.6	34.1	62.6	49.2	60.8	40.8	38.8	**
Center-Based	NA	NA	NA	NA	53.3	32.0	35.4	**
Percent classified as "multiple-problem" families								
Home-Based	30.2	47.6	33.3	9.1	37.3	20.2	19.4	**
Center-Based	NA	NA	NA	NA	31.1	23.8	8.3	**
Percent with working mothers								
Home-Based	24.4	36.6	4.6	30.5	13.7	14.3	16.3	**
Center-Based	NA	NA	NA	NA	49.9	20.2	54.0	**

* For simplifying this presentation, the few children enrolled in both home- and center-based options are excluded.

**Data not available from program.

TABLE 3-3

CHARACTERISTICS OF ALL CHILDREN AT INDEPTH STUDY PROGRAMS

	SITE							
	HOME-BASED ONLY				MIXED MODEL			
CHARACTERISTIC	MI	NC	VT	VA	GA	KY	MD	MO
Number enrolled								
Home-Based	91	84	195	100	88	238	110	86
Center-Based	NA	NA	NA	NA	644	567	341	164
Percent White								
Home-Based	28.6	27.4	96.9	57.0	92.0	71.0	20.0	86.0
Center-Based	NA	NA	NA	NA	60.4	46.9	21.4	60.4
Percent Black								
Home-Based	69.2	72.6	0.0	31.0	5.7	27.3	80.0	11.6
Center-Based	NA	NA	NA	NA	37.6	52.0	78.0	39.0
Percent Hispanic								
Home-Based	1.1	0.0	0.0	1.0	2.3	0.8	0.0	0.0
Center-Based	NA	NA	NA	NA	1.2	0.7	0.3	0.0
Percent diagnosed handicapped								
Home-Based	6.6	36.9	12.8	10.0	11.4	7.6	17.3	10.5
Center-Based	NA	NA	NA	NA	10.2	12.2	0.0	7.9
Percent 3-year-olds								
Home-Based	45.1	15.5	37.4	24.0	58.0	35.7	56.4	28.6
Center-Based	NA	NA	NA	NA	21.9	35.4	45.7	12.2
Percent 4-year-olds								
Home-Based	51.6	84.5	58.5	47.0	40.9	64.3	33.6	79.0
Center-Based	NA	NA	NA	NA	64.4	64.2	51.3	78.0
Percent enrolled for second year								
Home-Based	36.3	9.5	23.1	29.0	15.9	12.6	15.5	15.1
Center-Based	NA	NA	NA	NA	20.3	29.8	47.2	25.0

TABLE 3-4

CHARACTERISTICS OF CHILDREN SELECTED FOR THE INDEPTH STUDY SAMPLE AT EACH SITE

	SITE								
	HOME-BASED ONLY				MIXED MODEL				TOTALS
	MI	NC	VT	VA	GA	KY	MD	MO	
Sample Size	40	40	40	41	84	80	79	61	465
Percent Girls	40.0	45.0	42.5	48.8	57.1	50.0	46.8	40.4	47.5
Percent White	36.8	25.0	100.0	50.0	73.2	85.7	23.3	61.9	58.5
Percent Black	57.9	75.0	0.0	50.0	25.6	14.3	76.7	38.1	40.8
Percent Hispanic	2.6	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.5
Percent 3-Year-Olds	2.5	10.3	5.3	15.0	10.9	6.5	16.3	2.4	9.2
Percent 4-Year-Olds	95.0	84.6	94.6	85.0	86.7	96.2	83.8	87.9	87.5
Percent Enrolled For Second Year	67.5	10.3	55.0	43.9	40.2	32.5	32.0	42.9	39.2

up to 5,200 square miles. Some are located in agricultural areas which are not growing; one is located in the fastest growing area of Virginia. All study sites are located in the Midwest, East, or southern regions of the country.

Seven of the eight programs have been operating a home-based option for at least ten years, with one having been in operation since 1968 (Table 3-2). They offer between three and four home visits per month during the eight- or nine-month program year with a minimum of one or two group socialization activities per month as well.

The home-based and center-based families enrolled in these programs live in a variety of circumstances. In two sites, all families were reported by their program directors to be residing in isolated areas with difficulty having access to transportation; in other sites this was true only of a relatively small percentage of families. Similarly, there is considerable variation across sites in the percentage of families on welfare, the percentage which are two-parent families, the percentage classified as "multiple-problem" families, and the percentage with working mothers. In fact, on most characteristics for these eight programs there is greater diversity among the home-based programs than there is between home-and center-based options.

As Table 3-3 shows, there is also considerable diversity across sites in child characteristics. The racial distribution among the home-based children, for example, ranges from the extreme homogeneity of the VT site (96.9 percent White) to a greater mix at the MI and NC sites (about one-third White and two-thirds Black) and at the VA and KY sites (about one-third Black and two-thirds White).

Changes Occurring in Demographics and Program Operations

According to interviews conducted for the program case studies, the Head Start programs are continuously but cautiously changing and evolving in response to demands and needs from families and the communities they serve. For example, when faced with budget cuts, one program kept all its home visitors in order to serve the same number of families, because families needed the services. Instead of serving fewer families, they shortened the home visit schedule by one month. Another program is adapting to meet the needs of a new Asian population, another to provide services that mesh with the new public school prekindergarten program in the area it serves.

Some programs have experienced shifts in population demographics within their service areas, sometimes making recruitment of eligible families more difficult. For example, in one program area more moderate-income families have moved into the area, forcing low-income families to move further away into rural areas. Even though this makes home-based a viable option, travel distances may be difficult for home visitors to manage, and transportation to obtain other services may not be available.

Community Needs

Since Head Start is an integral part of the communities it serves, changing needs in the communities frequently affect the programs, both directly and indirectly. One program had to relocate just as the new program year was getting underway when the board of education instituted a reorganization/desegregation plan that closed the Head Start facilities. Another program found itself competing with a new preschool program in the county and found that parents preferred the public school program because of the five-day week and consistent holiday schedule the public school offered. One program that relied on local church facilities was asked to relocate. During the eighteen-month search for another facility, home visits and services were continued for home-based children, while center-based children received only three months of services.

In one community that worked closely with the school district, the superintendent decided to add a center-based component that would bring 50 Chapter 1 children into the program. While this change responded to community needs, it created anxiety among staff, and meant that three home visitors had to become classroom aides.

Programmatic Responses to Financial Restrictions

In this era of conservative spending and funding restrictions, programs have had to be creative in order to stretch their funding. We have already seen an example of the program that shortened the program year rather than reduce the number of families served in response to budget cuts. Also due to budget cutbacks, another program eliminated transportation as a service and five counties serving 460 children changed to a schedule of double sessions to cut costs. Another program centralized its food preparation service, keeping one kitchen for preparing lunches for children at all five centers, where five separate kitchens had previously operated.

Parent Involvement

Parent participation is an integral part of the Head Start concept, but most programs indicate that the extent of parent involvement is less than desirable. Staff continue to develop new ideas to encourage parents to become involved in program activities. One program, for example, hired a consultant to train staff to provide interesting parent workshops. Another tried to get parents more involved by preparing them for classroom volunteering.

In response to parents and staff who claimed that the content of some of the monthly program meetings was redundant for second-year parents, one program provided separate workshops for the multi-year parents. The program also created a "parent center" to enable parents to meet informally, to share information, and to organize classes such as arts and crafts workshops. In another program, joint group meetings are held for center- and home-based parents. Additional meetings are held for home-based parents while the children attend group sessions, primarily for informal discussion and socializing.

Community Involvement

In their continuing quest to broaden the services available to families, program staff encourage and look for involvement by other community agencies. One program developed a close working relationship with a preschool handicapped program. Children who are referred to the handicapped program attend monthly classes at the Head Start center, giving staff in both programs an opportunity to observe children in a mainstreamed situation.

In another program, the county speech and physical therapists are located in the same facility with the Head Start program. The staff have developed a good referral system with these therapists and services are readily available to handicapped Head Start children.

One program now offers a CDA for home visitors. One of the CDA field supervisors has worked closely with a local community college to develop courses that home visitors may enroll in to meet the requirements for the CDA.

Home Visitor Supervision

Supervision is an important aspect of home-based Head Start programs given the demanding and often difficult circumstances under which home visitors work and the relatively high staff turnover experienced by programs. Each program has developed a mode of staff supervision to meet its own needs. Information from director interviews on supervision procedures across sites is shown in Table 3-5. Case study interviews elaborated on this information. Supervision strategies include accompanying home visitors on their home visits one to four times per year; recordkeeping by home visitors, including weekly schedules, monthly logs, and travel forms reviewed by the director; director evaluations of home visitors several times a year; home visitor self-evaluations; weekly staff meetings to discuss problematic areas and offer ongoing staff development; and direct supervision of home visitors during group socializations.

In one program, the director monitors how home visitors manage their time by reviewing home visitor weekly reports and by making an annual supervisory visit to each home. Monthly reports are entered onto a computer after being reviewed by the director. Site reports, time sheets, and parent-signed sheets complete the documentation.

In one large program, the director directs services from the central office so that program services do not vary significantly from county to county. The educational administrative staff, consisting of an education coordinator and two education managers, are responsible for supervising both home-based and center-based staff, through monthly review of lesson plans, monthly reports, and logs of all educational contacts.

The educational coordinators are responsible for supervising the home visitors in another program. The coordinators observe three or four home visits per year with each home visitor and attend some group sessions. After each observation the coordinator provides the home visitor with an oral and written evaluation of her performance. At the end of the year the coordinators complete a summary on each home visitor's performance for the year.

TABLE 3-5

NATURE AND AMOUNT OF HOME VISITOR SUPERVISION

	SITE							
	HOME-BASED ONLY				MIXED MODEL			
	MI	NC	VT	VA	GA	KY	MD	MO
Number of Times Per Year Supervisor Accompanies Home Visitor on Visit	1	4	2	3.	2	1	3	4
Do Supervisors.....								
a. Review home visit records?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
b. Consult on an as-needed basis?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
c. Hold regular group meetings with Home Visitors	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
d. Provide staff training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of Staff Who Supervise Home Visitors	1	1	2	1	3	*	2	3
Number of These Supervisors Who Have Been Home Visitors	0	0	2	0	0	*	0	0

* Missing Data

Patterns of Home Visitor Interaction with Parents and Children

The observation study provided a picture of home visits and group sessions -- the two primary mechanisms for home-based Head Start service delivery. Details of the findings can be found in Chapter 4. The most salient findings from this study are described here to provide additional context for the child and parent impacts presented in the next sections of this chapter.

- An important focus of home visits was helping parents to become more effective in their role as educators of their own children. The observed home visits averaged 75 minutes in length. One-third of the time was spent working with parents. Only a very small segment of the visit was devoted exclusively to the child; home visitors often spent some time explaining child activities to parents.
- Parents were actively involved in child activities and spent almost half the home visit time practicing activities with the home visitor and/or child.
- Visits had a predominantly education focus; only a small portion of the time was spent helping parents address or meet a variety of social service needs.
- The educational process went beyond the weekly home visit. Considerable emphasis was placed on assigning activities for parents to do between home visits and follow-up on what had been done.
- Home visitors appeared to tailor activities to meet specific parent and child needs. Individualization was highest in programs where parents took an active role in home visit planning. However, even in sites that closely adhered to lesson plans, activities were adjusted somewhat to the particular abilities and needs of the parent and/or child.
- Home-based-only and mixed programs had remarkably similar home visit profiles. Variations were mostly site specific and were found in the emphasis placed on parents, the degree of individualization, use of in-home materials, and parent involvement in the visit. Involvement was lowest in sites without an explicit policy requiring the parent to be present during home visits.
- Parent and child group sessions supplemented home visits at every site at least once a month. Few opportunities were provided for parents and children to work together in a group setting, and low levels of participation were reported to be a problem in almost every site. One site provided an intensive period of classroom experiences to prepare children for entry into school.

Analysis of Program Impact on Children and Parents

The indepth study provided information needed to address two of the major study questions:

- Are home-based programs as effective as center-based programs for children and families?
- Are there different outcomes using a child-centered approach (center-based) compared to a parent-centered approach (home-based)?

Results relating to program impact on children are presented first, followed by the findings for parents. The findings are discussed in light of the study's purposes and previous research.

Program Impact on Children

Three overall analyses were conducted to examine the possible impact of the home-based program. One assessed children's cognitive development and two examined aspects of children's social development.

A critical domain in studies of early intervention programs is cognitive development. The central measure of cognitive development administered in this study was the Preschool Inventory (PSI). The 32-item version, which has also been used in a number of other Head Start evaluations, was administered in fall 1986 and again in the spring of 1987. Using two methods of analysis (analysis of covariance with pretest score, age and number of years in Head Start as covariates, and analysis of variance on the fall-spring gain scores), no differences were found among the three groups. The group sizes in the analytic sample, adjusted post-test scores from the analysis of covariance, and the mean gain scores on the PSI were as follows:

Group	N	Adjusted Post-Test Score	Mean Gain Score
HBO	143	20.6	4.5
HBM	122	20.0	3.5
CBM	142	20.7	3.9

Since the overall F test in each case was not significant, the slight differences among the three groups were also non-significant.

One measure of children's social development, the Child Behavior Rating Scale (CBRS) was developed by RMC Research, creating rating-scale items suggested by items of the Battelle Inventory. The 35 items provide a general index of personal-social and adaptive behaviors as rated by the child's home visitor or teacher on a scale of 1 to 4. Analysis of the pre-test data found this scale to be highly reliable, with an internal consistency (alpha) coefficient of .92.

Analysis of covariance and gain-score analyses were also conducted, with neither showing any significant overall difference among the three groups. The results were as follows:

Group	N	Adjusted Post-Test Score	Mean Gain Score
HBO	78	2.3	-0.7
HBM	115	2.3	-0.7
CBM	139	2.3	-0.6

A second measure of social development was a scale of 15 items administered as part of the Child Interview (see Appendix A). These items, derived from the social development scale of the Head Start Measures Battery (Bergan, et al., 1984), measure children's ability to identify feelings, understanding of social rules about helping and sharing, and knowledge of the concepts of leadership and ownership. This scale showed lower internal consistency reliability (alpha = .64) than the CBRS. According to the two statistical analyses performed, no significant differences among the three groups were found. The following summarizes the results:

Group	N	Adjusted Post-Test Score	Mean Gain Score
HBO	141	11.7	2.0
HBM	121	11.3	1.5
CBM	141	11.8	1.9

These findings are consistent with most comparisons of home- and center-based programs in the literature (e.g., Love, Nauta, Coelen, Hewett, & Ruopp, 1976; Murphy, Peters, & Bollin, 1988): there is not sufficient difference in the program treatments to affect children's performance on most developmental measures. As was noted in the final evaluation report of the Home Start Demonstration Program (Love, et al., 1976a), home-based and center-based approaches both appear to be valid delivery modes for Head Start educational and other services.

With respect to the PSI, there were significant group differences on the pretest, with home-based children performing at a lower level than center-based children. The pretest means were 15.1, 16.0, and 17.1 for the HBO, HBM, and CBM groups, respectively. It is interesting to note that these means are considerably higher than the home-based, center-based, or control-group means (10.8, 10.5, 10.6, respectively) found during the 1973-74 program year of the Home Start Demonstration Program with comparably aged children (Deloria, Love, Gordon, Hanvey, Hochman, Platt, Nauta, & Springer, 1974). In that study, the home-based and center-based groups showed roughly 5-point gains from fall to spring, similar to the magnitude of the gains found here, but the present group of children began at a higher level.

The general improvement in the cognitive performance of Head Start children over the last 12 years is seen in the comparisons shown in Table 3-6. The virtual universality of television, with its effects on

TABLE 3-6

COMPARISONS OF PSI PERFORMANCE ACROSS STUDIES

Study Group	First Year Fall	First Year Spring	Second Year Fall	Second Year Spring
Home Start Evaluation* (1973-75)				
Home Start Group	10.8	17.2	18.9	21.5
Head Start Group	10.6	15.3	17.4	20.7
Control Group**	10.5	13.5	15.3	20.4
Home-Based Option Study (1986-87)				
Home-Based Only	15.1	19.6	---	---
Home-Based Mixed	16.0	19.5	---	---
Center-Based	17.1	21.0	---	---

* First year data are from Deloria, Love, Gordon, Hanvey, Hockman, Platt, Nauta, & Springer (1974, Table IV-13); second year fall data are from Love, Nauta, Coelen, & Ruopp (1975, p. 35); second year spring data are from Love, Nauta, Coelen, Grogan, McNeil, Ruben, Shelly, & Stein (1976, p. 129).

** The control group entered Home Start during the second year.

children's receptive language ability and general knowledge, may be a major factor in these changes over time. It should also be noted that these increases in cognitive performance have occurred even though the income levels of Head Start families today have declined from their 1974-75 levels. The median income category of families in the 1986-87 study was $6,000-6,999. The average income of Home Start families participating in the 1973-75 evaluation was just under $6,000 per year. For all Head Start families in 1987-88 the median income is also under $6,000 according to data from the Program Information Reports (PIR). With inflation considered, Head Start home-based families are clearly lower in income related to the general population than they were at the time of the Home Start Demonstration Program.*

The slight decline in children's social development scores on the CBRS is difficult to explain. It was consistent across all three groups, however, and is most likely an artifact of the rating scale procedure.

In an effort to investigate the possible influence of various program, child, and family characteristics on the child outcome measures, a series of stepwise regression analyses was conducted. Three variables were "forced" in the regression analyses -- PSI pretest score, child age, and years in Head Start (the three covariates that were used in the analyses of covariance) -- and the improvement in R-square examined as 20 or more other variables were added to the model. The regression analyses were conducted separately for the two home-based groups and for the center-based sample. They are summarized in Table 3-7.

---

* The "poverty level" for a family of 3 persons was $3,936 in 1974 and $8,934 in 1986. Edelman (1987) has shown that a full-time job at the minimum wage provided earnings that were 101.6% of the poverty level in 1974 and only 75.0% of the comparable poverty level in 1986.

TABLE 3-7

SUMMARY OF REGRESSION ANALYSES

Outcome Variable	R^2 for Three Included Variables*	Additional Variance Accounted for by Other Variables in the Model**	
Home-Based Groups			
PSI Post-test	.471	TOTHVRS	.014
		CNTRLPRE	.008
Child Behavior Rating Scale	.255	TPAATPRE	.056
		MOTHRAGE	.032
		CREATPRE	.026
Social Development Scale	.315	CDA	.030
		HBOVSHBM	.019
		TEACHPRE	.018
		MOTHERED	.010
Center-Based Group			
PSI Post-test	.659	MOTHRAGE	.051
		FRUSTPRE	.026
		EARLYCHDEG	.028
Child Behavior Rating Scale	.317	NONE	
Social Development Scale	.227	MOTHRAGE	.061
		FAMCOMP	.032
		TEACHPRE	.029
		FRUSTPRE	.040

* Pre-test score

Age

Years in Program

** KEY:

TOTHVRS:	Total no. home visit hours
CNTRLPRE:	Pretest score, PAAT Control
TPAATPRE:	Pretest score, PAAT-Tot
MOTHRAGE:	Mother's age
CREATPRE:	Pretest score, PAAT Creativity
MOTHERED:	Mother's education
CDA:	Home visitor/teacher CDA
HBOVSHBM:	HBO vs. HB mixed
TEACHPRE:	Pretest score, PAAT-teach
FRUSTPRE:	Pretest score, PAAT-frust
EARLYCHDEG:	Home visitor/teacher ECE degree
FAMCOMP:	Family composition

The best predictors of children's cognitive and social performance were their scores on the pretest of the measure being predicted, their age, and number of years in the program. As seen in Table 3-7, other variables accounted for very little additional variance. There were no programmatic variables that consistently accounted for significant portions of the variance in child outcomes over and above the variance accounted for by children's pretest scores, age, and years in the program.

Program Impact on Parents

The evaluation of the Home Start Demonstration program found that Home Start produced significant changes in parents on a number of important variables when compared with change in a control group of parents who were not participating in any program. When Home Start parents were compared with parents in center-based Head Start programs, however, it was concluded that "the two programs had very similar effects on parents" (Love, et al., 1976a, p. 16). In 1986, it was decided to re-examine this question.

The chief instruments used for assessing program impact on parents in this study were the Parent As A Teacher instrument (PAAT) and a Parent Interview developed for use in the study. Both relied on parental self-reports. The five PAAT scale scores are designed to reveal how parents feel about certain aspects of parent-child interaction and children's behavior and development. Briefly, the five assess the following parental attitudes:

- Creativity -- acceptance of creativity in their child and parents' desire to encourage or suppress its development; higher scores indicate greater degree of parental acceptance and support for creative development.
- Frustration -- parental childrearing frustration and focus on the frustration; high score means parent handles situations (e.g., noisy play) in a way that provides less frustration to the child.

- Control -- feelings about the extent to which parental control of child behavior is deemed necessary; higher score reflects willingness to share dominance, decisionmaking, and uncertainty and to allow disagreement, spontaneity, and privacy.
- Play -- understanding of the influence of play on early child development; high scores mean parent sees play as important way of learning and is willing to participate in child's play.
- Teaching-Learning -- parents' perception of their ability to facilitate the teaching-learning process for their child; higher scores mean parent values children's learning, even before school, and feels capable of facilitating the process.

Analysis of covariance, with child age and PAAT pretest score as the covariates, found a significant group effect on only two of the PAAT scales -- Creativity and Teaching-Learning. As seen in Table 3-8 (which shows the adjusted post-test means from the analysis of covariance), the differences were not large, even though they were in the expected direction, indicating that parents in home-based programs showed somewhat greater gains in two important kinds of attitudes -- acceptance and support for their children's creative development and in perceptions of their ability to facilitate the teaching-learning process. The latter is especially critical to the home-based philosophy of supporting parents as the primary educators of their children. As Table 3-8 shows, however, the group differences, though statistically significant, are so small that the practical importance in terms of actual parental attitudes and behavior is probably slight.

Three other parent outcome measures were derived from Parent Interview items: Knowledge of Development, Parent-Child Interaction, and Social Contact. The Knowledge of Development scale was based on 20 questions in which parents were asked whether 20 activities 3- and 4-year-old children typically engage in (e.g., listening to stories, saying nursery rhymes, playing with toys) are important for learning or simply enjoyable

TABLE 3-8

ADJUSTED POST-TEST MEANS ON PAAT SCALES BY GROUP

	PAAT SCALE				
Group	Creativity (N=349)	Frustration (N=351)	Control (N=350)	Play (N=350)	Teaching/ Learning (N=350)
HBO	27.0	27.7	25.2	30.5	31.0
HBM	27.6	27.6	25.4	30.8	31.3
CBM	26.9	27.4	24.8	30.1	30.4
Significance (p)	<.04	n.s.	n.s.	n.s.	<.04

TABLE 3-9

ADJUSTED POST-TEST MEANS ON THREE PARENTING SCALES FROM PARENT INTERVIEW (N=358)

	SCALE		
Group	Knowledge of Development	Parent-Child Interaction	Social Contact
HBO	18.2	15.9	4.4
HBM	18.2	15.3	4.4
CBM	17.7	16.2	4.5
Signifiance (p)	n.s.	<.04	n.s.

for the children. The Parent-Child Interaction Scale asked whether parents interact with their Head Start child in 20 areas (e.g., helping to put things together or take them apart, reading to the child, allowing child to help with a variety of household tasks). The Social Contact scale included four items about parents' interactions with others (e.g., visiting friends, participating in church groups) that could be answered "once in a while" or "a lot," to give a possible score of 8.

Table 3-9 shows the adjusted post-test means (from the analysis of covariance) on these three parenting scales. The only one to show a significant group effect was Parent-Child Interaction, in which parents in center-based programs (group CBM) showed only slightly higher parent-child interaction scores than parents in the two home-based groups. On Knowledge of Development and Social Contact there were no significant group differences.

In conclusion, these analyses, although limited in scope, suggest that there are no major differences in the changes in parenting attitudes and knowledge as a result of participating in either home- or center-based Head Start programs. Analysis of two variables (PAAT scales) slightly favored home-based programs, and one (parent-child interaction) favored center-based. There was no evidence throughout these analyses of any differences between home-based parents in home-based-only programs and those in mixed sites.

Another perspective on the effects of Head Start on parents (irrespective of delivery mode) can be found in the analyses of pretest data that compared newly enrolled parents to those who had already participated in at least a year of Head Start prior to the beginning of this study. About 40 percent of the parents across all three groups had participated in the program before. There were two measures on which these parents performed at a level that was statistically higher than the performance of first-year parents -- in knowledge of development and parent-child interaction -- but the extent of the differences was so small as to make little practical difference.

Conclusions

The analyses of program impact within the indepth sample of eight home-based programs were designed to address questions about the effect of delivery mode (home-based vs. center-based) on children and parents in Head Start. Consistent with the results of other studies, no major differences in program effectiveness were found. Neither were there any important differences in the effectiveness of home-based programs that related to their context, i.e., operating as home-based-only programs or as home-based components within a program providing both home- and center-based services. In terms of children's cognitive development (as measured by the Preschool Inventory), gains equal to those found in other studies were found for all study groups.

Of the eight parent impact measures analyzed, only two showed results slightly favoring home-based approaches. Overall, it appears that home- and center-based approaches produced generally similar effects on parents.

These conclusions should be interpreted with two cautions in mind. First, as noted in the discussion of instruments in Appendix A, the measures used for assessing the cognitive and social development of 3- and 4-year-old children are not wholly adequate. There may indeed be important program effects that have gone undetected. The second caution is a programmatic issue. There is wide variation, along a number of dimensions, within home-based programs as seen in the case studies, as well as within center-based programs. While such variation is important for meeting the diverse needs of Head Start families in different communities, it also means there are not two clearly defined "treatments" that can be easily compared. We have learned, however, that along a few important dimensions of children's development and parental attitudes, both home-based and center-based Head Start programs have positive effects.

CHAPTER 4

FINDINGS FROM OBSERVATIONS OF HOME VISITS AND GROUP EXPERIENCES

Home visits and group sessions are the primary vehicles through which home-based Head Start programs deliver services to enrolled families. This chapter provides descriptive information about these two aspects of the program. Starting with a profile of the eight indepth study sites, we examine how staff worked with families and the extent to which home visits were designed to help parents become more effective in their role as primary educators of their own children. A description of home visit activities and a breakdown of the amount of time devoted to each follows. Similarities and differences in home visits are examined by program type (i.e., home-based-only programs versus sites with both center- and home-based components). Variations among the eight sites also are presented, along with information about home visit curriculum and materials. The extent to which home visits were individualized to meet specific parent and child needs is addressed, and group activities at the eight sites are described.

Data Collection and Analytic Approach

Descriptive information about home visits and group sessions was obtained in spring 1987 at the eight indepth study sites through interviews and observations. Four home visits and two group sessions were observed at each site by the study's site coordinators. A simplified version of the home visit observation system developed for the National Home Start Demonstration Program Evaluation was used by observers (Goodrich, Nauta, et al., 1974). The system divides the home visit into distinct activities on the basis of topics covered, and an observation record is completed for each.

On the record, observers recorded what occurred, what skills were taught, how long the activity lasted, who in the family participated, and how the parent was involved. At the conclusion of each activity, observers indicated whether the parent or child was the major focus of the activity. In addition, information was recorded about the involvement of siblings of the enrolled child and activities that were specifically designed for younger or older children.

Activity-level data were summed to determine length of each home visit, the amount of time devoted to predominantly child or parent activities, as well as to particular skills (for example, cognitive development, parent education, and so on), the extent to which the parent practiced activities with the child or worked jointly with the home visitor and child, and lack of parent or child involvement in home visit activities. Information about the primary focus of home visit activities was subsequently reclassified to capture the large segments of home visit time that were dual-focused, i.e., devoted to activities with both a parent and child focus. Two types of dual-focused activities were observed. The first were predominantly child activities in which the home visitor spent some time with the parent explaining what skills the child learns from the activity or urging the parent to practice a particular activity with the child. Activities that were not related to one another (for example, a child putting together a puzzle while the home visitor reminded the parent about an upcoming program event or inquired about a family problem) also were classified as having a "dual" focus if the two activities were going on simultaneously -- one for the parent and one for the child. Family-level data were subsequently aggregated by home visitor, site, program type, and for the eight indepth study sites combined.

In addition to observing the home visit and recording what went on, observers conducted brief interviews with home visitors prior to the visit to get information about plans for the visit (as an orientation to the observation session), as well as after the visit to find out: (1) whether the visit was considered "typical" by the home visitor, and (2) the overall purpose of each of the home visit activities. Data on four home visits that were observed were eliminated from the analyses because they were termed atypical by the home visitors. An example of such a visit was one in which the parent (a father) was absent for the entire time. Several unsuccessful attempts had been made to schedule the visit with him, but he had to be out of town unexpectedly, and because it was the end of the year, scheduling another visit was not possible. The child's stepmother, who worked full-time, had left the child in a neighbor's care. Because of the father's absence, most of this visit was spent working with the child, with little or no involvement or participation by an adult. The lack of parent involvement made this visit different from previous ones.

The home visit observation sample was selected in two stages. First, we examined home visitor background and years of experience as a home visitor. Two home visitors per site were selected to represent a wide range of home visiting experience. As noted in Table 4-1, years of experience ranged from a couple of months to eleven years across the eight sites, with about half the home visitors having more than two years of experience. The second step involved selection of two families served by each of the two home visitors. This enabled us to examine similarities and differences between home visits made by the same home visitor, as well as between home visitors in a given site, and to assess the extent to which services were individualized based on child and family needs. Comparisons were made in terms of child and parent activities, participation by the parent, home visitor teaching role, and use of home visit materials. The observation sample included first year families and families who had participated in the program for more than one year, as well as families with more than one preschool-age child.

TABLE 4-1

HOME VISIT OBSERVATION SAMPLE BY SITE

Site	Number of Valid Observations	Families		Years as Home Visitor	
		1 Year	2 Year	HV1	HV2
Georgia	3	3	0	<1	<1
Kentucky	3	3	0	<1	5
Maryland	4	3	1	2	2
Michigan	3	1	2	5	11
Missouri	3	2	1	<1	3
North Carolina	4	4	0	8	10
Vermont	4	3	1	<1	<1
Virginia	4	3	1	<1	6
TOTAL	**28**	**22**	**6**		

To obtain descriptive information about the types of group activities that were offered at the eight sites, all program staff were asked to provide lists of all group sessions that had occurred during a two-month period in late winter/early spring of 1987, as well as a schedule of upcoming events. On the basis of this information, two of the most common types of group sessions at each site were selected and observed. For each session, observers recorded what went on, who led or directed the activity, length of time, and parent and/or child attendance and involvement.

The case studies in Volume II describe, based on these data, how each of the eight indepth sites delivered services to its participants. In this chapter, we attempt to synthesize what was learned about home visits and group sessions. The descriptive nature of the information presented here should be kept in mind. No statistical inferences should be drawn from these data due to the small sample size and limitations imposed by criteria used in selecting the sample.

Home Visits

Home visits were the key point of connection between families and the program at each of the eight indepth study sites. Each family was visited three or four times per month for the eight to nine months the program was in operation. Only one site had a seven-month program, resulting from recent financial cutbacks and a decision to shorten the program year rather than reduce family enrollment. The home visits that were observed ranged from 50 to 90 minutes and lasted an average of 75 minutes.

All eight programs used some form of curriculum or lesson plans for home visits, which helped to organize activities and provide structure for the visits. Lesson plans ensured that specific topics or skill areas were covered with all families. Frequently these plans revolved around monthly topics or specific home visit themes. They provided home visitors with an outline of activities to undertake, materials to use, and related parent education topics to cover. Activity sheets were used by many home visitors, specifying how to introduce or teach a specific topic. An average of eleven different activities occurred during observed home visits.

Imaginative educational materials gave an extra dimension to home visits. Many programs used home-made materials because they were cheaper than store-bought items. This emphasis helped parents to become aware of the potential uses of household objects: buttons for matching; coins for counting; beans, rice or macaroni for art objects; newspapers and magazines for making books, cutting and pasting; and so on.

Parent Focus and Activities

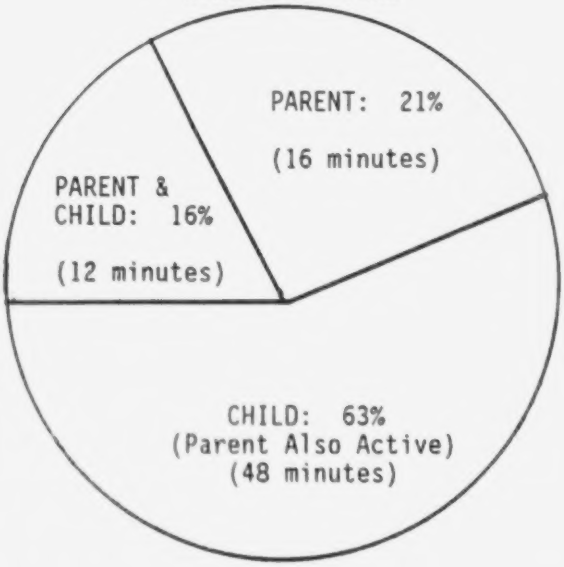
A concept of the parent as the primary educator of the child is an integral part of home-based Head Start. It is through the parent, rather than by working with the child alone, that the program is expected to benefit children. Helping parents to become more effective in their role as educators of their own children is a major thrust of the home-based approach.

What did we learn about the parent-versus-child focus of home visits in the eight indepth study sites? According to program directors of three of the sites, parents were the major focus of the home visit. In the remaining five programs, home visitors reportedly took on the dual role of teaching children and working with parents to teach their children.

Observations showed parents to be very involved in the home visit. Across the eight programs, an average of 16 minutes of the 75-minute visit were devoted to activities that had the parent as the primary focus. Activities designed for both parent and child took up another 12 minutes, as is shown in Figure 4-1. Home visitors thus spent over one-third (37%) of the home visit working with parents. Of the 63% of the time that focused on the child, parents were also active participants. They were involved in activities designed primarily to teach preschool readiness skills to the child and spent almost half of the home visit time, on the average, practicing child activities with the home visitor and/or child. In fact, only a very small segment of the home visit was devoted exclusively to the child; home visitors usually spent some of the child activity time talking to the parent about the activity or another topic.

FIGURE 4-1

PREDOMINANT FOCUS OF HOME VISIT TIME



Of the 16 minutes devoted to parent-focused activities, almost half the time was spent passing along teaching strategies (often through demonstration or modeling), teaching parents about stages of child development, explaining the purpose of specific home visit activities and skills they enhance, and involving parents in assessing child skills and needs, as well as in planning future home visit activities. Kindergarten registration, paperwork required, what to expect from the schools, and activities to do with the child (or children) during the summer months were frequently covered in observed home visits.[1] There were discussions about parenting and child discipline, and parents often were given helpful hints on how to deal with specific problems. It is of interest to note that the proportion of time devoted to teaching parents about child development and education across the eight indepth study sites was comparable to home visit allocations in the Home Start demonstration programs that were in operation in the early 1970s (Goodrich, Nauta, et al., 1974).

---

[1] Because the home visit observations were conducted in the spring, certain types of activities or interactions observed may be more representative of the season or time of year.

Support for parents in their role as "teachers" was provided in other important ways. To ensure that child education went beyond the weekly home visit, specific assignments were given for parents to work on between home visits, with the home visitor following up on those assignments in subsequent visits. An average of five minutes was devoted to such activities.

Social Services

Aside from helping parents to become more effective in their role as educators of their own children, home-based programs are mandated to ensure that a variety of child and family needs are met. Most programs addressed these needs in regular homes visits or in group sessions or workshops which covered a social service topic of interest to many of the families. In one site, a special "social service" visit was made at least twice a year (or more often if necessary) devoted almost exclusively to child and family needs. These special visits replaced regular home visits. A small portion (four minutes on average) of observed home visits had a social service orientation aimed at helping parents address various needs. Topics covered ranged from discussing parental needs for adult education, job training or employment to issues relating to a pending divorce, and included concerns about child custody and availability of free legal assistance. There were discussions about needs for financial aid and furniture, how to apply for reduced-price lunches, the meals on wheels program, an FHA loan, and a recent illness or death in the family. Medical needs of children were covered in numerous visits, with parents being reminded about the health exam and immunizations that are prerequisites to entry into public school. Nutrition received considerable emphasis in four of the eight programs.

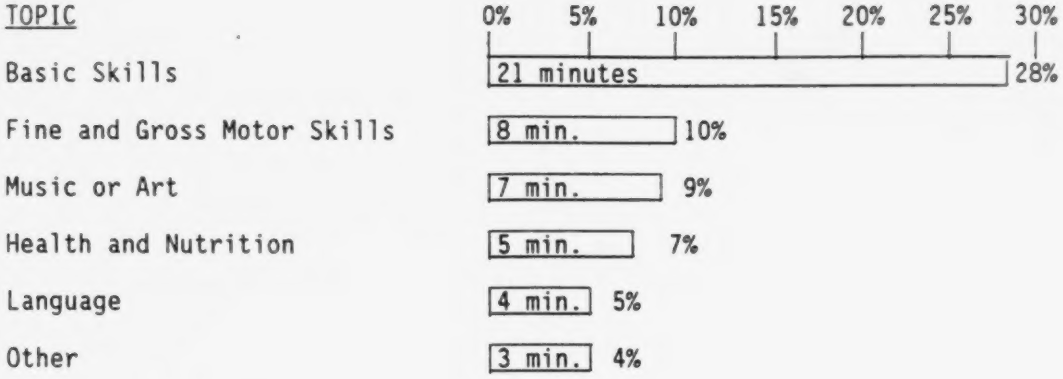
Major emphasis was placed on acquainting parents with resources in the community to assist in meeting a variety of needs and teaching parents how to use them. Some programs shared community resource guides with parents, gave parents listings of doctors or other medical services, or told them about available services through newsletters and pamphlets.

Child Focus and Activities

As noted earlier, almost two-thirds of total home visit time was devoted to activities that had a predominant child focus. The development, education, and school readiness of the child received major emphasis during the home visit, as shown in Figure 4-2. Across the eight sites, an average of 21 minutes was spent teaching or practicing traditional readiness or basic skills, such as mastering shapes, colors, numbers, concepts, matching, letter recognition, and so on. Activities designed to develop the child's fine and gross motor skills -- cutting, coloring, pasting, active games, catching or throwing a ball, exercise games, and so on -- took up 8 minutes of home visit time. Frequently, children were involved in an art project or musical activity or were read a story. It was not uncommon for children to take an active part in story

FIGURE 4-2

DISTRIBUTION OF CHILD-FOCUSED HOME VISIT TIME BY TOPIC



telling, with home visitors encouraging the children to talk about what they saw in a picture or what characters in the picture were doing.

Activities aimed at teaching children about health and nutrition were conducted from time to time. These included discussions about tooth brushing, washing hands before meals, what foods the child liked or disliked, sorting foods into major food groups, or helping with food or snack preparation. During home visits, children often talked about their experiences on recent field trips or center sessions, and were told about upcoming events. Home visitors helped children build positive self-images and confidence by praising their accomplishments.

Siblings of the enrolled child frequently were involved in child activities if they were close in age. The home visitor either worked with two children at the same time or alternated with the parent, taking turns doing the same activity with each child individually.

Effect of Program Type and Site Variations

The focus of home visits differed somewhat across the eight programs in the indepth study. This variation was site specific, however, and did not appear to be linked to the type of program in operation at a given site (i.e., home-based-only or mixed with both a center- and home-based component). The profile of how home visitors spent their home visiting time was remarkably similar across program types, as is illustrated in Figure 4-3. Child-focused activities took up similar proportions of time. Mixed programs devoted somewhat less time to predominantly parent-focused activities than did home-based only sites. However, topics covered varied somewhat between the program types (Figure 4-4). Home-based-only programs placed considerably more emphasis on assigning activities to be done between home visits and following-up on those activities than mixed programs, although there was considerable variation among the four home-based-only sites, as discussed below.

Site-by-site differences in parent focus and activities are displayed in Figure 4-5. Ratings are presented rather than descriptive statistics because of the small sample size. Ratings ranged from extremely low to high and are based on proportions of home visit time devoted to:

- predominantly parent-focused activities;
- teaching parents about child development/education and assignment/follow-up; and
- parent practice (either with the home visitor or child) and parent absences or uninvolvement in home visit activities.

FIGURE 4-3

COMPARISON OF HOME VISIT FOCUS IN MIXED AND HOME-BASED-ONLY PROGRAMS

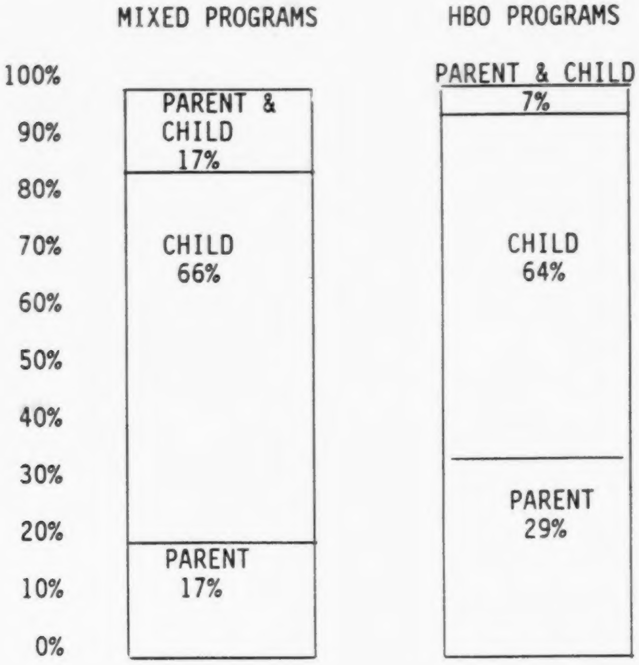


FIGURE 4-4

COMPARISON OF HOME VISIT FOCUS IN MIXED AND
HOME-BASED-ONLY PROGRAMS
BY TOPIC

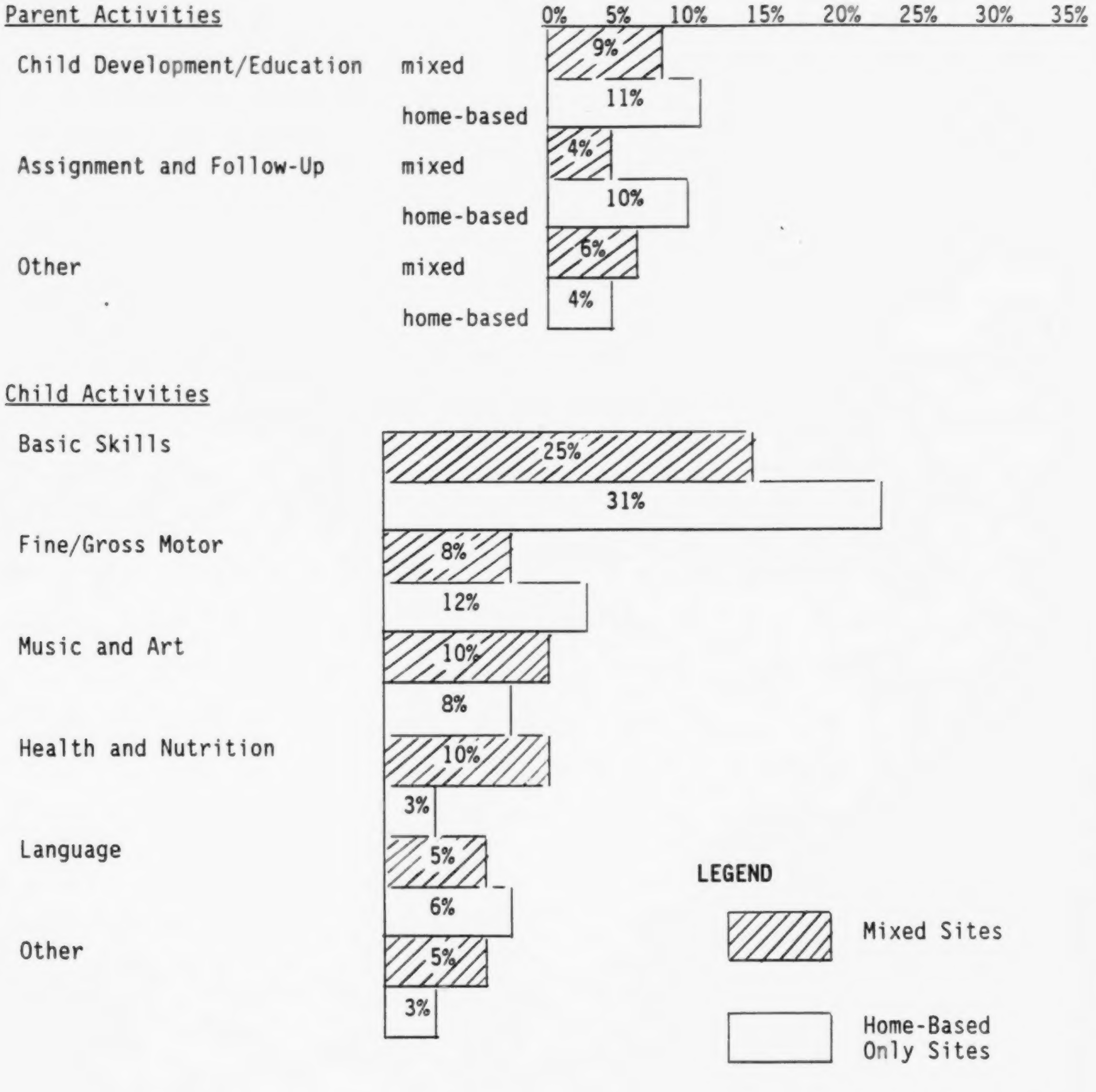


FIGURE 4-5

ACROSS-SITE COMPARISON ON INDICES OF PARENT FOCUS/INVOLVEMENT

		TOPIC		INVOLVEMENT	
	PARENT Focus	Child Develop.	Assign/ Follow-Up	Practice	Absent
Mixed Sites					
Georgia	⬡	□	⬡	△	○
Kentucky	⬡	○	△	△	□
Maryland	○	○	○	□	○
Missouri	□	□	⬡	□	○
Home-Based Only Sites					
Michigan	⬡	○	○	□	○
North Carolina	⬡	○	○	○	□
Vermont	□	□	□	□	○
Virginia	□	□	△	□	○

Legend:

	Parent Focus	Topic	Involvement
○ low-low	0-10%	0-5%	0-5%
⬡ low	11-20%	6-10%	6-10%
△ medium	21-30%	11-15%	11-20%
□ high	31+%	16-21%	21+%

At one extreme were the home-based-only programs in Vermont and Virginia. Home visitors in these sites devoted over one-third of home visit time to predominantly parent-focused activities and major emphasis was placed on teaching parents about child development and education, as well as activity assignment and follow-up. Parents were active participants in home visit activities and were present most or all of the time.

The role of parents was explicit in both programs. Vermont used a four-pronged approach in each home visit, which staff felt "empowered parents." The four components covered in each visit were parent involvement, parent education, child education, and follow-up; parents took an active role in their children's education through planning, practice, and problem-solving. Home visitors introduced specific topics to parents in four-week cycles. The initial introduction to the topic occurred two weeks before the activity was scheduled to take place to give the parent time to think about the topic and to come up with best ways to present the new learning experience to the child. The parent's plan was discussed in Week 2 and executed in Week 3. The fourth visit in the cycle was devoted to follow-up and assessment of the child's progress or mastery of the skill that had been taught.

Home visitors in Vermont worked for the entire year with a home visit plan that covered a wide array of predominantly parent education topics, for example, "how to teach personal safety to your child," "listening to your child," and "building self-awareness in children." Although the topics were listed by month, they could be introduced at any time to address a particular need or problem or could be grouped together for a family that had reached a point of success in a certain area.

The Virginia home-based program used a somewhat different approach. An individualized education plan (IEP) was established for each child and parent based on the Portage Guide and parental input. Using assessments of child needs and the IEP, the home visitor and parent jointly set monthly goals for the child. Parents played a major role in developing weekly lesson plans. In two home visits that were observed, the parent had planned and directed _all_ child activities while the home visitor observed, entering notes on the home visit record as part of year-end assessments. Home visitors used a parenting curriculum to assist parents in their understanding of child development. The curriculum consisted of _Parent Magazine's_ "American Guidance Filmstrips and Tape Cassettes," which were used in home visits every other week. Often, it was left up to parents to decide which filmstrips would be shown.

At the other end of the spectrum were Kentucky (a mixed program) and North Carolina (a home-based-only program). In both sites, parents were absent or uninvolved for significant portions of the home visit. Unlike most other programs, Kentucky placed no restrictions on whether or not the parent had to be present for the home visit. One parent was out of the room the entire time that the home visitor conducted a year-end assessment of child skills and abilities. In part this may be because home visitors view the program's approach as "child-focused" and "bringing the center into the home" (although the director did not confirm this view). The fact that the same curriculum was used for both home visits and Head Start classes may explain home visitor perceptions. It does not explain, however, the absence of an explicit policy regarding parent involvement which is a cornerstone of both the home- and center-based components of Head Start. Kentucky home visitors also had by far the largest caseloads of the eight programs -- an average of 15, with some staff serving as many as 20 families. (Caseloads averaged 12 to 13 families across the indepth study sites.)

North Carolina also appeared to have a laissez-faire attitude toward parent participation in home visits. One mother decided to continue cleaning her house instead of taking an active part in the home visit, and the home visitor spent little or no time trying to convince her to do otherwise. A second parent had just had a baby and was resting while the home visitor worked with the preschool child. The observed visits may have been somewhat atypical since they occurred after the official end of the program year as a makeup for an earlier visit that had been missed. (Neither home visitor said that the visit was different from previous ones, however.)

Absenteeism of parents was less of a problem at the other sites, in part because attempts were made to reschedule home visits if circumstances prevented the parent from taking an active part, or programs had explicit policies about parent involvement in home visits. Michigan, for example, dropped enrolled families if parents continued to find excuses for not participating in home visits. Makeup visits were planned in Missouri where home visitors made three visits per month and used the fourth week to conduct visits that had been missed. This week also was used for staff training activities. Home visitors in Vermont reported holding two visits back to back to make up for missed visits.

Different approaches were used to assign between-visit activities. The Michigan program distributed to all parents weekly readers on child development or parenting topics. At the end of each visit, Georgia parents received a "homework bag" containing materials that the parent and child were encouraged to use together before the next visit. Other programs simply urged parents to practice activities that had been introduced during the home visit or gave suggestions to parents of other developmental or educational activities to do with the child.

As noted earlier, child nutrition received considerable emphasis in four programs. In Georgia, Maryland, and Michigan, a low-cost nutritious snack was served during each home visit, using ingredients that were brought by the home visitors. Vermont home visitors planned nutritional activities only occasionally, but ingredients were provided by the parents instead of the home visitor. Maryland home visitors devoted more than a quarter of observed home visit time to food preparation activities which involved both parent and child.

The use of in-home materials for home visit activities varied considerably from site to site. Home visitors in Kentucky and North Carolina brought all the necessary materials. The greatest use of in-home materials was made by home visitors in Michigan, Missouri, and Virginia. The Georgia program provided each enrolled family with a "goodie box" at the beginning of the year. It contained many materials commonly used in child activities, such as crayons, paper and pencil, scissors, books, and puzzles, as well as a tooth brush, tooth paste, and dental floss to promote good dental care.

Individualization

A key element of Head Start's home-based approach is individualization of home visits and services to meet specific needs of enrolled children and families, while at the same time promoting such common goals as stimulating child development. Individualization is commonly achieved through periodic developmental assessments or by encouraging parents to take an active role in planning home visit activities.

As is shown in Figure 4-6, overall there was a high level individualization, although it varied from site to site. Visits in Missouri, Vermont, and Virginia ranked highest. Directors at these same three sites characterized their programs as having a predominantly parent orientation and moderate to high emphasis was placed on parents in observed home visits (see Figure 4-5). As discussed earlier, the parent's role in home visit planning in Vermont and Virginia promoted variation from home to home in child-focused activities. Home visitors in these two programs did not leave it entirely up to parents, however, to decide what should be covered during home visits. A considerable amount of structure was provided by home visitors, particularly in Vermont where parents planned around specific topics that the home visitor had assigned.

In contrast, North Carolina home visitors covered mostly the same activities with all children and families, with little variation. Home visitors in Maryland also adhered closely to the lesson plans but adjusted activities somewhat to the particular abilities or needs of the child. This was common in other sites as well. One home visitor, for example, did the same cooking activity with two of her families, but taught different skills to the children -- measuring ingredients to the older child, and mixing premeasured ingredients to the younger one.

Individualization of activities for siblings of the enrolled child was minimal. Siblings who were close in age to the enrolled child usually were involved in the same activities, although some attention was paid to age and skill level differences of the children. No special sibling activities occurred during observed home visits. However, in one family the parent was given an activity to do with an infant sibling who was napping the entire time that the home visitor was in the home. Attention was paid to siblings in other ways. Home visitors often inquired about other children in the family or discussed strategies for dealing with a specific problem with the parent. Older children, if home from school, frequently were asked about their experiences or grades.

FIGURE 4-6

EXTENT OF INDIVIDUALIZATION OF HOME VISIT ACTIVITIES

Mixed Sites	
Georgia	△
Kentucky*	—
Maryland	△
Missouri	□
Home-Based Only Sites	
Michigan	△
North Carolina	○
Vermont	□
Virginia	□

Legend

⬡	low	0-2
△	medium	3-4
□	high	5-6

* Kentucky data are missing

Although the extent of individualization of parent- and child-focused activities was rated separately, the uniformity of ratings warranted combining the two.

A small group of families in the observation sample had been in home-based Head Start for more than one year. Two questions related to this group: In what ways were home visits to these families similar or different from visits made to those enrolled for less than one year? Is increased emphasis placed on parent activities and does the level of parent participation change over time? To answer these questions, data on home visitors with both a one- and two-year family in the observation sample were examined. Most of the variation in visits to one- versus two-year families appeared to be related to the age of the child. Two-year families tended to have older children, and more emphasis was placed on school readiness skills or discussions about entry into kindergarten than was the case with one-year families (unless the child would be entering school in the fall). No other consistent patterns in the home visit profile were found. For example, in two of five sites, home visitors devoted more time to parent-focused activities with two-year families. The trend was reversed in two other programs. The extent to which parents were involved in child-focused activities or practice with home visitor or child showed similarly inconsistent patterns. In some sites, one-year families were far more active in the home visit than their two-year counterparts.

A final question we attempted to answer was the degree to which individualization of home visits is influenced by the home visitor's experience in a home-based program. No clearcut relationship was evident. Sites whose home visitors had the least experience (Georgia, Missouri, and Vermont) all were rated moderate to high in terms of tailoring activities to specific child and family needs. In North Carolina and Michigan, where home visiting experience ranged from 5 to 11 years, low to moderate levels of individualization were observed.

Group Sessions

All eight home-based programs organized periodic group activities for enrolled families. Parent group meetings were held once a month at each site. These groups ranged in format from informal get togethers to formal discussion groups, lectures, workshops, or class demonstrations on a variety of topics. Group sessions, along with home visits, were vehicles for providing child development education and information about parenting. Among the topics that were addressed were:

- child development and behavior
- children and television
- single parenting
- how parental feelings and reactions influence children
- child abuse and prevention
- how to talk to your child about strangers
- first aid and safety
- how to survive the summer and still enjoy your child
- dental care for preschoolers
- dietary guidelines for adults and children

Presentations frequently were made by speakers from local agencies.

Many parent sessions combined parent education with other family interests and needs. One parent group discussed availability of medical care and services; parents at another site were involved in a craft project for part of the group session. At some sites, part or all of the meeting was devoted to business matters -- recruitment of children, planning for the children's graduation from Head Start or an upcoming social event, what to spend the parent activity funds on, and so on. Parents in Kentucky decided to use these funds to enable the parent of the year to attend the State Head Start Conference, to buy playground equipment and to fund a field trip.

Low participation by parents was cited as a problem by staff at every site. Lack of transportation was cited as a significant contributing factor. Social events, organized periodically at all sites around holidays or field trips or picnics, had by far the highest attendance. Some programs combined social events with more structured parent group sessions to increase parental attendance and participation.

At each site, opportunities were provided for enrolled children to socialize with their peers and to participate in group learning experiences. The frequency of these group "socializations," as they were referred to at several sites, varied appreciably by program type, as well as from site to site. As shown in Figure 4-7, mixed sites organized group sessions for children more frequently than home-based-only programs. Kentucky brought home-based children together in the classroom or another group setting at least twice a week. A local nursing home was the site of one of the sessions that was observed in which each child was paired with a nursing home resident and participated in a variety of organized group activities. Michigan chose a unique format for its child socializations and group sessions. Children came to the center once a month for an hour of mostly supervised free play while their parents attended a group session for adults. To prepare children for school entry, the last six weeks of the program year were set aside for intensive classroom experiences, with each enrolled child attending half-day sessions five days a week. No home visits occurred during this six-week period. Home visitors spent this time in the classroom providing assistance to the head teacher who directed these groups. Group sessions in Virginia were scheduled every six weeks and children participated for three half-days. One of the three sessions frequently was a field trip and the third session usually coincided with a parent group. In North Carolina, home visitors paired up and brought their children once a month to the program's resource room for a half-day session

FIGURE 4-7

FREQUENCY OF GROUP SESSIONS FOR CHILDREN

	More Than Weekly	Bi-Weekly	Monthly
Mixed Sites			
Georgia			X
Kentucky	X		
Maryland		X	
Missouri		X	
Home-Based Only Sites			
Michigan			X
North Carolina			X
Vermont			X
Virginia		X	

118

on the day home visits normally would have occurred. Each pair of home visitors was allowed to use the room during a specified week each month.

All programs offered a combination of supervised free play and organized classroom activities in group sessions for children. The structured activities included art, singing, a game, story telling, and practice of basic concepts introduced in home visits. Group sessions often involved a field trip to such places as the library, a museum, park, farm, fire or police station, the airport, a restaurant, a pet barn, and so on. One site organized a sleigh ride as a field trip during the winter. Children were told beforehand what they would see or learn and talked about their experiences upon their return.

Siblings of enrolled children came to group sessions once in a while. Only Vermont had special group sessions for younger siblings aged one through three, usually directed by the parent coordinator, a social service worker and another Head Start staff member. Most of the activities for siblings were supervised free play.

Parent participation in child group sessions was minimal except in two sites. In Vermont, parents and children met separately for the first half of the group session and joined together for the second half. Georgia used a similar format for its group sessions and involved parents and children together in specific activities. In the other sites, most parent and child sessions occurred simultaneously, but no time was set aside for parents and children to work together in a group setting. However, in Virginia, where scheduling conflicts prevented parent participation in the third group session for children, home visitors shared with parents what had been done at the center or observations of the children so that parents could extend or follow-up at home on this information with their children.

Aside from participating in group sessions, parents were encouraged to become actively involved in program activities in a variety of other ways. In Georgia, parents assisted with fundraising, made donations, volunteered to do office work, prepared recruitment posters, helped with sewing or mending, made or prepared children's learning activities and helped put together the monthly newsletter.

Summary of Findings

The observation study provided a picture of home visits and group sessions -- the two primary mechanisms for home-based Head Start service delivery. Among the most salient findings from this study were the following:

- An important focus of home visits was helping parents to become more effective in their role as educators of their own children. One-third of the 75-minute visit was spent working with parents. Only a very small segment of the visit was devoted exclusively to the child; home visitors often spent some time explaining child activities to parents.
- Parents were actively involved in child activities and spent almost half the home visit time practicing activities with the home visitor and/or child.
- Visits had a predominantly education focus; only a small portion of the time was spent helping parents address or meet a variety of social service needs.
- The educational process went beyond the weekly home visit. Considerable emphasis was placed on assigning activities for parents to do between home visits and follow-up on what had been done.
- Home visitors appeared to tailor activities to meet specific parent and child needs. Individualization was highest in programs where parents took an active role in home visit planning. However, even in sites that closely adhered to lesson plans, activities were adjusted somewhat to the particular abilities and needs of the parent and/or child.

- Home-based-only and mixed programs had remarkably similar home visit profiles. Variations were mostly site specific and were found in the emphasis placed on parents, the degree of individualization, use of in-home materials, and parent involvement in the visit. Involvement was lowest in sites without an explicit policy requiring the parent to be present during home visits.

- Parent and child group sessions supplemented home visits at every site at least once a month. Few opportunities were provided for parents and children to work together in a group setting, and low levels of participation were reported to be a problem in almost every site. One site provided an intensive period of classroom experiences to prepare children for entry into school.

REFERENCES

Abt Associates. (1981). Child and Family Resource Program. Paper presented at the biennial meeting of the Society for Research in Child Development.

Aurora Associates, Inc., & Westat, Inc. (1982). Regional Offices' Cost/Performance Negotiations with Head Start Grantees. Report to OASPE, DHHS, Contract No. HEW-100-81-0033. Author.

Bache, W., & Nauta, M.J. (1979). Home Start Followup Study: A Study of Long-Term Impact of Home Start on Program Participants. Report to ACYF, OHDS, DHEW, Contract No. HEW-105-76-1135. Cambridge, MA: Abt Associates Inc.

Bergan, J.R., et al. (1984). Technical Manual for the Head Start Measures Battery (HSMB). Tucson, AZ: University of Arizona.

CDA National Credentialing Program. (1985). Improving Child Care Through the Child Development Associate (CDA) Program. Washington, D.C.: Author.

Children (1st) First, Inc. (1977). Status of the Home-Based Effort Within Head Start. Report to ACYF, OHDS, DHEW, Contract No. HEW-105-76-1157. Washington, D.C. : Author.

Cooperative Preschool Inventory Handbook. (1970). Reading, MA: Addison-Wesley.

Deloria, D., Love, J.M., Gordon, S., Hanvey, R., Hockman, E., Platt, J., Nauta, M.J., & Springer, N. (1974)

Edelman, M.W. (1987). Families in peril: An agenda for social change. Cambridge, MA: Harvard University Press.

Epstein, A.S., & Radin, N. (1974). Paternal expectations, paternal behavior, and child performance. Unpublished manuscript, University of Michigan, Ann Arbor, MI.

Epstein, A.S., & Weikart, D.P. (1979). The Ypsilanti-Carnegie Infant Education Project: Longitudinal Follow-Up. Ypsilanti, MI: The High/Scope Press.

Goodrich, N. Nauta, M., & Rubin, A. (1974). National Home Start Evaluation, Interim Report V: Program Analysis. Report to ACYF, OHDS, DHEW, Contract No. Hew-105-72-1100. Cambridge, MA: Abt Associates.

Halpern, R. (1984). Home-based early intervention: emerging purposes, intervention approaches, and evaluation strategies. Infant Mental Health Journal, 5, 206-220.

Harrell, A. (1983). *The Effect of the Head Start Program on Children's Cognitive Development: Preliminary Report*. Report to ACYF, OHDS, DHEW, Contract No. 105-81-C-026. Washington, D.C.: U.S. Dept. of Health and Human Services.

Johnson, L., Nauta, M.J., & Hewett, K. (1980). *Evaluation of the Child and Family Resource Program (CFRP): Phase III Program Study Report*. Report to ACYF, OHDS, DHEW, Contract No. HEW-105-79-1301. Cambridge, MA: Abt Associates Inc.

Lazar, I., Hubbell, V.R., Murray, H., Rosche, M., & Royce, J. (1977). *Summary Report. The Persistence of Preschool Effects: A Long-term Follow-Up of Fourteen Infant and Preschool Experiments*. Report to: ACYF, OHDS, DREW, Grant No. 18-76-07843. Washington, D.C.: U.S. Dept. of Health, Education and Welfare.

Levenstein, P., et al. (1980). *Summary Report: Lasting Effects After Preschool*. Report to the Education Commission of the States, HEW Grant 90C-1311. Washington, D.C.: U.S. Dept. of Health and Human Services.

Love, J.M., Wacker, S., & Morris, M. (1979). *An Evaluation of the Home Start Training Centers*. Report to ACYF, OHDS, DHEW, Contract No. HEW-105-76-1135. Ypsilanti, MI: High/Scope Educational Research Foundation.

Love, J.M., Nauta, M.J., Coelen, C.G., Hewett, K., & Roupp, R.R. (1976a). *National Home-Start Evaluation: Final Report. Findings and Implications*. Report to OCD, DHEW, Contract No. HEW-105-72-1100. Ypsilanti, MI: High/Scope Educational Research Foundation.

Love, J.M., Nauta, M.J., Coelen, C.G., Grogan, M., McNeil, J., Rubin, A., Shelly, M., & Stein, M. (1976b). *National Home-Start Evaluation: Interim Report VII. Twenty Month Program Analysis and Findings. Implications*. Report to OCD, DHEW, Contract No. HEW-105-72-1100. Ypsilanti, MI: High/Scope Educational Research Foundation.

McKey, R.H., et al. (1985). *The Impact of Head Start on Children, Families, and Communities: Final Report of the Head Start Evaluation, Synthesis, and Utilization Project*. Report to ACYF, DHEW, Contract No. 105-81-C-026. Washington, D.C.: U.S. Dept. Health & Huamn Services.

Murphy, R.E.G., Peters, D.L., & Bollin. G. (September 1988). An analysis of different delivery modes. *National Head Start Bulletin*, No. 24, p. 3.

Office of Child Development. U.S. Department of Health, Education, and Welfare. (1973). *The Home Start Demonstration Program: An Overview* Washington, D.C.: Author.

Ramey, C.T., Bryant, D.M., & Suarez, T.M. (1985). Preschool compensatory education and the modifiability of intelligence: A critical review. In D.K. Detterman (Ed.). Current topics in human intelligence, vol. 1: Research methodology, pp. 247-296. NJ: Ablex.

Schweinhart, L.J., & Weikart, D.P. (1986). What do we know so far? A review of the Head Start Synthesis Project. Young Children (January).

Slaughter, H. (1974). The Parent as a Teacher Inventory Field Study. Mimeographed report. Research Department of the Tucson, AZ Public Schools.

APPENDIX A: METHODOLOGY

This appendix describes the study methodologies including sample selection for the telephone survey and the indepth study, selection and development of instruments, data collection procedures, and data analysis procedures.

Sample Selection

Telephone Survey

All sites that reported having a home-based option in the 1986 Head Start Program Information Report were selected to participate in the telephone survey. Fifty-nine were no longer operating a home-based option, and 10 programs either no longer existed, had merged with another program, or had a non-working telephone. This left a total population of 451. In all, 429 programs participated, a 95% response rate. The five percent had important reasons for not responding (e.g., a fire destroyed records; unusual staff turnover; other reporting requirements, such as an audit, that were consuming staff time).

Indepth Sites

The eight indepth sites were a purposive sample of Head Start programs that have a home-based option. Sites were selected to represent equally home-based-only programs and programs that had both a home-based and a center-based approach to Head Start (mixed sites). Sites were also selected to represent urban and rural programs, different host agencies (i.e., Community Action Agencies and Local Education Agencies) and as many regions of the country as possible.

The indepth sites were also selected to represent a more "traditional" approach to the delivery of home based services. That is, each site provided three to four home visits and one to three socializations per month, and children did not spend a significant amount of time in a regular center-based classroom. For each candidate site, we contacted the appropriate regional office representative to verify these criteria. The criteria were chosen in order to provide for the "purest" comparisons between home-based and center-based approaches.

Several sample selection procedures were applied to the 1986 Program Information Report (PIR) data prior to identifying the candidate programs screened with the regional offices. First, because of the small number of sites to be included (eight), the need to have sufficient child and parent sample sizes for data analysis purposes, and the need to have similar age groupings for testing purposes, only programs with at least 50 home-based and 50 center-based four-year-old children were considered. Next, because programs with home-based options tend to overrepresent whites compared to whites in the overall Head Start population, only programs with at least fifteen percent minority enrollments were considered. The overall sample, therefore, included programs with larger enrollments and a larger number of minorities than would have occurred using a random sample of all programs.

The remaining programs were stratified by urban versus rural and home-based-only versus mixed programs (programs with both home-based and center-based options), creating four cells from which to randomly select the candidates. Two programs were randomly selected from each of the four cells.

Following the random selection from the four cells, ACYF regional offices were called to verify that the selected programs fit the study definition of a home-based approach (that is, three to four home visits per month and one to three group socialization activities). In one case, the regional office indicated that a program did not fit the definition, so a replacement was randomly selected from that cell. In order to fill the cells of the design it was necessary to select two sites whose minority enrollment was less than 15%.

All but one of the originally selected programs agreed to participate in the indepth study. The program that asked not to be included was undergoing a major reorganization and felt that for the program year during which the study was to be conducted data collected from their site would not be representative. A replacement site was randomly selected. The distribution of the eight selected sites is shown in Table A-1. The sites were located in Georgia, Kentucky, Maryland, Michigan, Missouri, North Carolina, Vermont, and Virginia.

Within each indepth site, a sample of 40 home-based families and, in mixed sites 40 center-based families, were selected from rosters provided by the programs. This resulted in a total sample of 480 children and families: 160 home-based-only children, 160 home-based children in mixed sites and 160 center-based children. These samples were selected randomly after applying two restrictions: only children in the 3.5- to 4.5-year age range were considered eligible, and minority children were oversampled within the age range.

Instrument Selection/Development

A set of study questions was agreed upon with ACYF within the first month of the study. The study questions were then organized into a matrix that listed questions by each source of information (see Table A-2).

TABLE A-1

SITES SAMPLED FOR INDEPTH STUDY

	Urban		Rural	
	Auspices	Region	Auspices	Region
Home-Based Only	LEA	III	LEA	V
	CAA	I	LEA	IV
Mixed	CAA	VII	CAA	IV
	CAA	IV	CAA	III

Key:
CAA = Community Action Agency
LEA = Public School System

TABLE A-2
MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

		Data Sources						
		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
Selection Criteria								
o Why and on what basis did program choose the home-based option?	o Program selection criteria	T	P					
o If programs have both a center-based and home-based option, what criteria are used to enroll families in the home-based option?	o Program options offered o Criteria for enrollment	T T	P P					
Head Start Services in the Home-Based Option								
o Do home-based children and their families receive all the services that center-based children and families receive?	o Educational services provided o Social and family services provided o Health and nutrition services provided o Parent involvement services provided o Services to handicapped children	T T T T T	P P P P P					
o How does the delivery of these services differ from delivery in center-based programs? How are these services coordinated?	o Delivery and coordination of services	T	P					
o What opportunities for parent involvement are available other than home visits? (volunteer activities, policy council participation, etc.)	o Policy council participation o Planning and assessing the home visits o Participation in home visits o Volunteer activities o Group meetings	T T T T T	P P P	 O O			PI PI PI PI PI	
o What are the differences in service delivery between programs that are all home-based and those that are partly home-based?	o Delivery of services	T	P					
o How are services to handicapped children delivered in the home? In the situation where both options exist, how is it determined which handicapped children will be served in the home and which will be served in the center?	o Services to handicapped children o Criteria for enrollment	T T	P P				PI	

TABLE A-2

MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

		Data Sources						
		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
Home Visits								
o What is the frequency and duration of home visits?	o Frequency of home visits	T	P				PI	RR
	o Duration of home visits	T	P	O			PI	
o What is the content of home visits?	o Content of home visits (activities, food preparation, materials, language)	T	P	O			PI	
o What proportion of home visit time is spent in working with the caregiver only, the child only both?	o Home visit focus, family members present	T		O				
o How are home visits individualized to meet specific needs of children and families?	o Delivery and coordination of services		P	O			PI	
o How are siblings involved in home visits?	o Home visit focus			O			PI	
	o Social and family services provided	T	P					
o What types of records are kept of home visits?	o Home visit records	T						RR
	o Report of home visitor		P					
o What proportion of home visitor time is allocated to to home visits? to preparation? to staff development?	o Allocation of home visitor's time		P					RR
Group Experiences								
o How often are group experiences provided?	o Group meetings for parents	T	P				PI	RR
	o Group meetings for children	T	P				PI	RR
o What is the content of the group experiences?								
o Where do these experiences take place?								

TABLE A-2

MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

		Data Sources						
		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
Staffing								
o What are the staffing configurations in the home-based option?	o Number and configuration of staff	T	P					
	o Supervision	T	P					
o Do the staffing configurations differ between completely home-based programs and partly home-based programs?								
o What are the characteristics of the home visitors?	o Background, training and certification of staff	T	P					
o What proportion of home visitors have a CDA? An ECD? a state license?								
o What proportion of home visitors have home visitor CDA?								
o What proportion of home visitors are in the CDA home visitor training?								
o How are home visitors assigned to families?	o Assignment of home visitors	T	P					
o What is the typical family load for the home visitor?	o Number of families served by each home visitor?	T	P					RR
Training and Supervision								
o What is the frequency and type of training for the home-based option staff?	o Ongoing staff training	T	P					RR
	o Attendance of HSTC training sessions	T	P					
	o CDA training	T	P					
o How much use have the programs made of the Home Start Training Centers?	o Special supervisor training	T	P					
o What type of training have supervisors received?								
o What is the nature of supervision of home visitors?	o Supervision of home visitors	T	P					RR
o How often do supervisors observe home visitors?								

TABLE A-2

MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

Data Sources

		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
Program Effects								
o What are the effects on the social competence of children enrolled in a home-based option as compared with children in a center-based option?	o Children's social competence				CT		PI	
o What are the effects on parenting skills, personal development, attitudes, and involvement in program and community activities on parents enrolled in a home-based option compared with parents enrolled in a center-based option?	o Parenting skills					PT	PI	
	o Parent development and attitudes						PI	
	o Parent involvement	T	P				PI	
o Are there differential effects (i.e., different positive effects) on children and families enrolled in a home-based option compared to those enrolled in a center-based option?	o Children's social competence				CT		PI	
	o Parenting skills					PT	PI	
	o Parent development and attitudes						PI	
	o Parent involvement	T	P				PI	
o What are staff attitudes toward center-based and home-based programs?	o Staff attitudes		P					
o What are the parents attitudes toward center-based and home-based programs?	o Parent attitudes		P				PI	
o What are the relationships between program variables (e.g., frequency and duration of home visits, content of home visits, staff qualifications, etc.) and child and parent outcomes?	o Frequency of home visits	T	P				PI	
	o Duration of home visits	T	P	O			PI	
	o Content of home visits	T		O			PI	
	o Home visit focus	T		O				
	o Staff background and training	T	P					
	o Staff configurations	T	P					
	o Children's social competence				CT		PI	
	o Parenting skills					PT	PI	
	o Parent attitudes						PI	

TABLE A-2

MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

		Data Sources						
		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
Family Characteristics o What are the characteristics of families in terms of: - income - ethnicity - family size - employment - employment status of parents - educational status - age of parents - children with handicapping conditions - single parents - position of Head Start among siblings - prior experience with Head Start - access to transportation - isolation - multi-problems (e.g., drug and alochol abuse, child abuse, chronic health problems, etc.) - welfare status	o Family characteristics for program as a whole	T						RR
	o Family characteristics in home-based option	T						RR
	o Criteria for enrollment	T	P					
o Do these characterics differ from children and families in center-based programs?								
o Do handicapped children in home-based programs differ from those in center-based programs in age, handicapping condition or severity level?								
o What proportion of the adults who are worked with in the home is someone different than the child's parent(s) (e.g., grandmother, older sibling, foster parent, unrelated adult, etc.)?	o Family members (and others) present	T		O			PI	
o How does participation in the home-based option affect the parent's ability to work, attend school, or receive job training?	o Parent employment, schooling	T					PI	
	o Provisions made for working parents, single parents	T	P				PI	
o What provisions are made for working parents in the home-based option?								

TABLE A-2

MATRIX OF RESEARCH QUESTIONS, DATA ELEMENTS, AND DATA SOURCES

		Data Sources						
		Telephone Survey (T)	Program Staff Interviews (P)	Home Visit and Center Observations (O)	Child Tests (CT)	Parent Tests (PT)	Parent Interviews (PI)	Program Record Review (RR)
o Do variables such as program auspices, geographical location, staff qualifications, etc., contribute to differences in program operations or effects?	o Type of grantee/delegate agency	T	P					
	o Type of area served	T	P					
	o Staff background and training	T	P					
	o Home visit characteristics	T	P	O				
	o Child and parent outcomes				CT	PT	PI	
Costs								
o How do the costs of home-based and center-based compare on a per child yearly and hourly basis? What items are included in the costs? e.g., health care, transportation, food, etc.? How are these costs allocated between center-based and home-based options in programs where both exist?	o Costs of program elements (staff, facilities, materials and equipment, transportation, medical/dental services, food, training, other)	T	P					RR
o Are there differential costs between program when the option is home-based only versus the home-based option when center-based option is present?								
o When both options are available, what costs of the home-based option are covered by the center-based option?								
Advantages and Disadvantages								
o What are the advantages of the home-based option?	o Advantages, strengths	T	P				PI	
o What are the disadvantages of the home-based option?	o Disadvantages, weaknesses	T	P				PI	
o What do staff see as the strengths and weaknesses of their programs?	o Problems	T	P					
o What are the major problems in operating a home-based program?	o Proposed solutions	T	P				PI	
o In what areas can the home-based option be improved?								

Based on the matrix of study questions related to child and parent outcomes, a thorough review of existing instruments was conducted to determine a variety of measures that could be used to address the objectives of the study. The review resulted in the identification of two instruments that could be used "as is," several instruments that could be adapted for use in the study and an identification of areas in which items needed to be constructed to address study questions within the context of the sample population.

The instruments used in both the fall (pretest) and spring (posttest) data collection included:

- Parent Interview
- The Parent As A Teacher (PAAT) Inventory
- Child Interview
- Preschool Inventory (32-item version)
- Child Behavior Rating Scale (adapted from the Battelle)
- Information on Enrolled Children and Families

Additional instruments used in the posttest data collection conducted in the spring of 1987 included:

- Group Activities Observation
- Home Visit Observation
- Telephone Survey conducted as a Director's Interview

Table A-3 displays the study instruments and their sources.

The measures selected or developed for this study were considered the best and most appropriate of those available. As in most evaluations of early childhood programs, however, the measures were far from ideal. We, therefore, have reservations about defining program gains and drawing strong conclusions on the basis of these measures. The strongest measure psychometrically is the Preschool Inventory, but it is far from perfect in terms of the match between its content and the curriculum objectives of Head Start programs. It does have the advantage of providing comparability with previous Head Start evaluation studies.

TABLE A-3

INSTRUMENTS USED IN THE EVALUATION OF THE HOME BASED OPTION IN HEAD START

DOMAIN	INSTRUMENT	SOURCE
Cognitive:	Preschool Inventory	PSI - Version R (32 Items)
Social:	Child Interview	Head Start Measures Battery -Social Scale
	Child Behavior Rating Scale	Battelle Developmental Inventory - Personal/Social Scale - Adaptive Scale
Health:	Child Interview	Mediax Health Profile RMC Research Items
Parent:	Parent Interview	HOME (Caldwell) Battelle Developmental Inventory -Social Scale Home Start Parent Interview High/Scope Home Environment Scale Parent As A Teacher Inventory (PAAT) RMC Research Items
Program:	Telephone Survey/ Director's Interview	Developed by Westat/RMC Research
	Home Visit Observation	Home Start Observation Abt Associates Items
	Group Activities Observation	Developed by Abt Associates
	Information on Enrolled Children and Families	Developed by RMC Research

142

A description of each of the study instruments follows:

Preschool Inventory (Cooperative Preschool Inventory Handbook, 1970): The 32-item assessment instrument is designed to be administered to children ages three to six. The 15-minute test covers general information, labeling, perception of shapes and visual-motor drawing skills. Whether or not the child provides a verbal response (as opposed to gesturing) is also recorded and scored.

Child Interview: A two-part, semi-structured interview that addresses knowledge of nutrition, health, and social behavior. The health/nutrition part of the interview covers knowledge of toothbrushing, washing, and food selection. The social development part of the interview involves questions about the identification of feelings and knowledge of social rules about helping, sharing, leadership, and ownership.

Child Behavior Rating Scale: This instrument is completed by the child's home visitor or teacher. Based on the Battelle Developmental Inventory Social and Adaptive Scales, the rating scale addresses adult interaction, expression of affect, peer interaction, coping, social role, self-concept, and task mastery in 35 items. It asks the rater to rate each behavior on a four-point scale -- "not at all like," "somewhat like," "much like," and "very much like" the child observed. The rater can also indicate that there has been no opportunity for the child to demonstrate the particular behavior or that the behavior has not been observed.

Telephone Survey: The telephone survey contains 77 items that cover general program information, funding information, child and family information, medical and dental services, types of families, home-based policy and procedures, and budget information. The survey instrument was mailed in advance, programs were asked to compile data and a one-hour telephone interview was conducted to collect the information and complete the survey.

Home Visit Observation (Goodrich, Nauta, & Rubin, 1974): The home visit observation forms collect descriptive information about what activities occur during the visit, how long they last, what materials are used, who in the family participates, and how much the parent is involved.

There are four major parts to the Home Visit Observation Instrument:

- pre-visit interview with the home visitor to get some information on the family as well as plans and materials to be used during the visit;
- observation forms to be filled out for each of the home-visit activities;
- post-visit interview with the home visitor to find out the extent to which the observer's presence changed the visit. In addition, the home visitor is asked the purpose of the home visit activities that were observed.
- home visit observation summary for recording similarities and differences between home visits made by the same home visitor, as well as between home visitors observed.

Group Activities Observation: The Group Activities Observation forms collect information about the types of group activities that take place, the person responsible for leading the activities, the frequency with which they take place and the number of parents and children who participate. Activities coded during the observation include parent activity, child activity, combined activity, leadership roles, sibling involvement, length and numbers participating.

Parent Interview: This structured interview is designed to be administered in the home with the parent or primary caregiver. The items collect information on family background, home visits, parenting attitudes, parent-child interactions, involvement in Head Start and the community and attitudes toward the Head Start program. Sections include: Preliminary Questions, Parent-Child Interaction, Child Learning Opportunities, Community/Program Involvement and Attitudes Toward the Program, the Parent As A Teacher Inventory (PAAT) and Checklist Items completed by the data collector.

Parent As A Teacher Inventory (Slaughter, 1974): Administered as a part of the Parent Interview, the PAAT measures parenting knowledge on five scales: creativity, frustration, control, play and teaching/learning. Responses to the 50-item inventory are on a four-point scale -- strong yes, yes, no, strong no.

Information on Enrolled Children and Families Form: This form was used to collect information from records and from Head Start staff on child and family background variables. The items included child's birthdate, sex, ethnicity, number of years in Head Start, mother's education, age, family employment, income level, and number of children in household.

Monthly Forms: Information was collected monthly for the indepth samples on center-based attendance, home visits completed, group activity attendance, and overall indepth program attendance (including non-sample children and families).

Data Collection Procedures

The discussion of data collection procedures for the study is divided into two sections. In the first, procedures for the telephone survey are presented. Next are described the selection and training of onsite staff in each of the indepth sites and the monitoring procedures for data collection are described. Following that, specific procedures for data collection are outlined.

Telephone Survey

Ten telephone survey interviewers were hired and trained by RMC Research and Westat in two half-day sessions. The training included background of the Head Start Home-Based Option, purpose of the study, general interviewing techniques, review of the survey instruments, role play with the instrument, and a review of procedures. All interviewers were "checked out" by project staff prior to beginning the actual interviewing process.

A paper and computer tracking system was used to schedule telephone interviews. Extensive records were kept on all contacts with sites. Respondents were mailed descriptive information about the study and a copy of the survey in advance of the phone interview. They were asked to prepare information needed for answering the questions. The information was then collected through a scheduled telephone interview by the trained interviewer.

A daily monitoring report was prepared on contacts and interviews completed. All interviewers were monitored by the telephone survey supervisor.

Selection and Training of Onsite Staff

RMC Research staff recruited, screened, interviewed, and selected a local community member in each of the eight indepth sites to serve as Site Coordinator. The criteria for selection included:

- Experience in Head Start
- Knowledge of child development
- First hand experience testing young children
- Experience as an interviewer or observer
- Training experience
- Experience in hiring and managing staff

Site Coordinators had responsibility for hiring, training and supervising data collectors, and ensuring the quality of the information collected. In addition, Site Coordinators interviewed program staff and collected information from records.

Site Coordinators attended five days of training in Hampton, NH to prepare for their role. The training covered all field procedures and included "check outs" to certify that all Site Coordinators could meet the stringent competency requirements for each of the study instruments.

Following training, Site Coordinators returned to their sites to recruit, screen, interview, and hire data collectors according to the field procedures. In home-based-only sites, two data collectors were hired to test children and interview parents; in programs with both home-based and center-based options, four data collectors were hired. (Sample sizes were larger in mixed sites.)

Wherever possible, data collectors were recruited through the local Head Start program. The criteria for selecting data collectors included:

- Knowledge of Head Start
- Ability to work well with Head Start staff and families
- Experience testing young children or other experience with children 3 - 5 years of age
- Experience interviewing
- Experience with record keeping
- Ability to follow through on assignments independently

Data collectors were trained by the Site Coordinators in all field procedures and were certified with the same competency standards used in the Site Coordinator training. Three days of training were provided with additional tutoring if necessary until all competencies were achieved. In addition, Site Coordinators monitored the first scheduled interview and child testing session and provided feedback to the data collectors.

Site Coordinators reviewed all instruments submitted by data collectors on a weekly basis and held weekly meetings to discuss problems and solutions. Site Coordinators then submitted completed instruments for review by the Field Operations Coordinator at RMC Research.

RMC Research staff monitored data collection through weekly telephone calls and on-site monitoring. Staff from RMC Research visited each site and went with data collectors to observe the conduct of testing and interviews with children and parents. Standard forms were used in the observation, and debriefings were held with each data collector and the Site Coordinator.

Data Analysis Procedures

Telephone Survey Analysis

Descriptive analysis of the items on the telephone questionnaire consisted of measures of central tendency (mean, median) and variance, frequency distributions, and cross tabulations. Measures of central tendency and variance were appropriate for those items with responses that were numeric (continuous) in nature (e.g., number of children in the program, number of home visitors), whereas frequency distributions and cross tabulations were presented for items with categories of responses (categorical variables, e.g., type of agency represented by the grantee).

For each item, the appropriate statistics were computed for specific groups of home-based programs, which varied depending upon the content of the items and included the overall population when appropriate. These specific groups are described below for each major content area of the questionnaire.

Within the first content area of the telephone survey, Characteristics of Families, each item requested separate responses for children in home-based and center-based programs. These items were analyzed in the following manner: (1) items relating to home-based children were presented for two groups: home-based children in home-based-only programs (HBOs) and home-based children in mixed programs (programs with both home-based and center-based programs); (2) items relating to center-based children were presented for only one group: mixed programs (since those responses would not be applicable to home-based-only programs).

For items relating to participating families, programs were asked to respond for each of three possible groups of families:

- families with one or more children in a home-based program and none in a center-based program;
- families with one or more children in a center-based program and none in a home-based program; and
- families with children in both home-based and center-based programs. Analyses of these items were therefore presented for each of the above three groups.

Analyses for the second content area of the questionnaire, General Program Description, were conducted as follows: (1) within two groups -- home-based-only programs, and mixed programs -- for items referring to staff or program characteristics; or (2) within three groups -- home-based in home-based-only, home-based in mixed, and center-based in mixed -- for items referring to children participating in the program.

The third content area, Description of Home Based Operations, provided a description of the individual home-based program, why that option was chosen by the program, and how that option operates. Analyses were conducted for home-based-only and for mixed programs.

Analyses of items in the final sections of the questionnaire, Attitudes Toward the Home-Based Option and Budget Information, were conducted for home-based only and for mixed programs.

Indepth Study Analysis

Due to budget constraints and the fact that some items on the indepth measures (e.g., Child Interview, health and social measures) did not show much variation, the indepth analysis focused mainly on the PSI and the PAAT and the child and family information.

The analyses for the Indepth Study focused on four main issues: (a) a comparison of the differences between the groups of children sampled to participate in the indepth study and the non-sampled children -- the remainder of the children in the indepth sites for whom a limited set of variables was available for comparison purposes; (b) a comparison of the differences among the three groups of sampled children (children in home-based-only programs, children in the home-based option of a mixed program, and children in the center-based option of a mixed program); (c) an investigation of selected variables that may demonstrate a relationship to selected student outcome measures (change from pretest to posttest scores); and (d) a comparison of parent interview variables and PAAT scores of the three groups of parents of sampled children.

Comparison of differences between sampled and non-sampled children. Sampled and non-sampled children were compared across programs in order to determine if the mean values on measures of child and family characteristics for these two groups were significantly different. To control for home-based and center-based program differences at the four mixed sites, comparisons between home-based, sampled children and home-based, non-sampled students, and between center-based, sampled children and center-based, non-sampled children were conducted. A t-statistic was calculated for continuous variables and a chi-square statistic was calculated for categorical variables. The variables tested in this series of analyses are listed below:

- Age (mean age in months)
- Ethnicity (white; black)
- Number of years child enrolled in Head Start (1st year; more than 1st year)
- Mother's education (less than HS; HS or GED; more than HS or GED)
- Mother's employment (employed; not employed)
- Mother's age (21 or younger; 22-29; 30 or over)
- Family income (midpoint of range)
- Number of children in family (only child; 2 children; 3 children; more than 3 children)
- Family composition (two-parent family; all other family types)

Comparison of differences between the three groups of sampled children. The three groups of sampled children (children in home-based only programs, children in the home-based option of mixed programs, and children in the center-based option of mixed programs) were compared in order to determine if these groups had made differential gains during the course of the program year. The focus of this series of analyses was the change in child scores from pretest to posttest.

Comparisons of the gains made by children from pretest to posttest were accomplished using (a) an ANOVA statistical test to determine if differences existed between the mean gain scores (posttest minus pretest score) for the three sampled groups of children and (b) an ANCOVA statistical test to determine if differences existed between the posttest mean scores, adjusted by the pretest score and other variables, for the three sampled groups of children. Each type of comparison is discussed below.

Using the pretest and posttest child scores, gain scores were calculated for each sampled child (i.e., posttest score minus the pretest score). The dependent variables for which ANOVAs were calculated are listed below:

- PSI total gain (posttest - pretest) score
- CBRS total gain (posttest - pretest) score
- Social development interview subscale gain (posttest - pretest) score (from the Child Interview instrument)

In addition to the ANOVA analyses, posttest mean scores for the three groups of sampled children were also analyzed using ANCOVA. ANCOVA is the recommended statistical test when there is an expectation that the amount of gain a student achieves is related to where she/he started -- i.e., the difference between pretest and posttest is influenced by the pretest score as well as by the "treatment." It is also used to adjust for the effects of other variables that may differ between the groups (in this case, child's age and number of years in the program). The variables used in the ANCOVA analyses are as follows:

- PSI total posttest score. Covariates: PSI total pretest score, age, and years in program ("1 year" or "more than 1 year")
- CBRS total posttest score. Covariates: CBRS total pretest score, age, and years in program ("1 year" or "more than 1 year")
- Social Development interview subscale posttest score (from the Child Interview instrument). Covariates: Social development interview subscale pretest score, age, and years in program ("1 year" or "more than 1 year")

Analysis of the relationships between selected child variables and outcomes. Stepwise regression analyses were conducted to determine the best predictors (among those available) of selected student outcomes. Analyses were conducted separately for home-based and for center-based children since the predictor variables differed for the two types of children.

The student outcomes analyzed were child posttest scores adjusted for pretest, age, and years in the program (1 year or more than 1 year). The posttest scores were "adjusted" by requiring the three adjustment variables to enter the stepwise regression first and remain in the regression equation. All other variables were then examined with those adjustment variables already in the regression model. In one set of regression analyses (called "stepwise"), each step in the process involved searching, via computer, for the single next variable that would add the most to the predictive power (R^2) of the regression model; after each addition to the model, each variable already in the model was retested for its contribution to the R^2 and deleted if it was no longer making a significant contribution.

A second set of regression analyses -- referred to as "Maximum R^2 Improvement (MAXR)" -- used a slightly different approach. Instead of settling on a single model, MAXR tries to find the best one-variable model, the best two-variable model, and so forth. Once a model of a given size is obtained, each of the variables in the model is compared to each variable not in the model. For each comparison MAXR determines if removing one variable and replacing it with the other variable increases R^2. After comparing all possible switches, MAXR makes the switch that produces the largest increase in R^2.

The generalized regression model and the dependent (criterion) variables and predictor variables used in these series of analyses are shown below.

Dependent Variable = constant + weighta*pretest + weightb*age +
weightc*length (time in program) +
weight1*predictor1 + weight2*predictor
... + error

Dependent Variables

- PSI total posttest score
- CBRS total posttest score
- Social Development interview subscale posttest score (from the Child Interview instrument)

Predictor Variables

- Pretest score corresponding to the dependent variable (to adjust dependent variable)

- Child's age (to adjust dependent variable)

- Years in the program--1st year; more than 1st year (to adjust dependent variable)

- Mother's education--less than HS; HS or GED; more than HS or GED

- Mother's employment--employed; not employed

- Mother's age--21 or younger; 22-29; 30 or over

- Family composition--two parent family; all other family types

- Number of children in family--only child; 2 children; 3 children; more than 3 children

- Parent PAAT subscale scores (pretest)

- Parent PAAT total score (pretest)

- Years of experience of home visitor (or teacher)

- Level of education of home visitor (or teacher)

- Training of home visitor (or teacher)

- Group membership ("home-based only", "home-based mixed")*

- Number of home visits received by family*

- Duration (hours) of home visits received by family*

- Number of home visits canceled by family*

---

* These variables were, by definition, available only for home-based children.

Comparison of pretest/posttest Parent Interview and PAAT scores.

Comparisons of the posttest mean scores for the three groups of parents (mothers) of sampled children were conducted using an ANCOVA.

Variables Used in the ANCOVA Analyses:

- TPAAT total PAAT posttest score covariate: TPAAT total pretest score
- PAAT-CREAT (creativity) posttest subscale score
- PAAT-FRUST (frustration) posttest subscale score;
  covariate: PAAT-FRUST pretest subscale score
- PAAT-CNTRL (control) posttest subscale score;
  covariate: PAAT-CNTRL pretest subscale score
- PAAT-PLAY (play) posttest subscale score;
  covariate: PAAT-PLAY pretest subscale score
- PAAT-TECH (teaching/learning) posttest subscale score;
  covariate: PAAT-TECH pretest subscale score
- Knowledge of development subscale score (from Parent Interview)
- Parent-child interaction subscale score (from Parent Interview)
- Social contact subscale score (from Parent Interview)

RESEARCH CORPORATION

Final Report
Volume II: Case Studies

Study of the Home-Based Option in Head Start

RMC Research Corporation
400 Lafayette Road
Hampton, New Hampshire 03842

September, 1988

FINAL REPORT

VOLUME II: CASE STUDIES

STUDY OF THE HOME-BASED OPTION IN HEAD START

EIGHT HEAD START PROGRAMS THAT HAVE A HOME-BASED OPTION

Submitted to:

Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services
Washington, DC

Contract No. 105-86-1602
Dr. Esther Kresh, Project Officer

RMC Research Corporation
400 Lafayette Road
Hampton, NH 03842

September 1988

Authors:

Nancy Alexander
Janet Buckley
Diann Dorris
Ilona Ferraro
Carlene Gregory
Carol Kintigh
Nancie Loppnow
Paulette J. Meleen
Marrit Nauta
Nancy Jo Pope
Diane Taran

With special thanks to the eight participating Head Start programs for their limitless cooperation and infinite patience.

TABLE OF CONTENTS

INTRODUCTION.. 1

A Variety of Communities Are Served.................................... 2
A Study of Change.. 3
Changing Demographics.. 4
Community Needs.. 5
Financial Restrictions... 7
Parent Involvement... 8
Community Involvement.. 10
Supervision.. 11
Conclusion... 14

MICHIGAN: A HOME-BASED ONLY PROGRAM.................................... 15

I. The Program and the Setting.. 15
II. The Home-Based Option... 16
III. Families and Selection Criteria.................................. 21
IV. Home Visitors... 22
V. The Home Visit... 24
  A. Home Visit Focus and Activities.................................. 25
  B. Individualization and Records.................................... 30
VI. Group Sessions.. 31
VII. Parent Outcomes.. 33
VIII. Home-Based Policy... 34
IX. Interpretations and Conclusions................................... 35

VIRGINIA: A HOME-BASED ONLY PROGRAM.................................... 37

I. The Program and the Setting.. 37
II. The Home-Based Option... 39
III. Staffing and Staff Characteristics............................... 40
IV. Families and Selection Criteria................................... 42
V. Home Visitors.. 44
VI. The Home Visit.. 46
  A. Home Visit Focus and Activities
VII. Group Sessions... 53
VIII. Parent Involvement.. 56
IX. Parent Outcomes... 57
X. Home-Based Policy.. 50
XI. Interpretations and Conclusions................................... 62

VERMONT: A HOME-BASED ONLY PROGRAM..................................... 65

I. The Program and the Setting.. 65
II. The Home-Based Option... 66
III. Staffing and Staff Characteristics............................... 69
IV. Families and Selection Criteria................................... 71
V. Home Visitors.. 73

TABLE OF CONTENTS (continued)

GEORGIA: A MIXED SITE -- HOME-BASED AND CENTER-BASED................ 133

I. The Program and the Setting.................................. 133
II. The Home-Based Option.. 134
III. Staffing and Staff Characteristics.......................... 136
IV. Families and Selection Criteria.............................. 137
V. Home Visitors... 140
VI. The Home Visit... 142
VII. Group Sessions.. 147
  A. Parent Involvement.. 150
VIII. Parent Outcomes.. 151
IX. Home-Based Policy.. 155

KENTUCKY: A MIXED SITE -- HOME-BASED AND CENTER-BASED............... 158

I. The Program and the Setting.................................. 158
II. The Home-Based Option.. 163
III. Staffing and Staff Characteristics.......................... 166
IV. The Home Visit... 167
  A. Home Visit Focus and Activities............................. 168
V. Group Sessions.. 171
VI. Parent Involvement... 172
VII. Home-Based Policy... 174
VIII. Interpretations and Conclusions............................ 174

MISSOURI: A MIXED SITE -- HOME-BASED AND CENTER-BASED............... 176

I. The Program and the Setting.................................. 176
II. The Home-Based Option.. 178
III. Staffing and Staff Characteristics.......................... 179
IV. Families and Selection Criteria.............................. 180
V. Home Visitors... 182
VI. The Home Visit... 183
  A. Home Visit Focus and Activities............................. 184
VII. Group Sessions.. 187
VIII. Parent Outcomes.. 189
IX. Home-Based Policy.. 190
X. Interpretations and Conclusions............................... 190

LIST OF EXHIBITS

Vermont: Outline of Curriculum.................................. 90
Vermont: Home Visit #21... 92
North Carolina: Example of Home Visit Plan..................... 109
Georgia: Social Services Home Visit Record..................... 157

INTRODUCTION

This volume of the Final Report for the Study of the Home-Based Option in Head Start includes case studies from the eight sites that were part of the Indepth study. Each case study was prepared by the Site Coordinator, a person hired from the local community to work with the Head Start programs and oversee the data collection. All of the Site Coordinators are familiar with Head Start programs and spent many days during the 1986-1987 program year at the Head Start programs they worked with. They interviewed staff, collected data and conducted observations of home visits and group sessions.

Just as each Head Start program is unique, these case studies, though written to a standard specification, are also unique. Each Site Coordinator has tried to capture the essence of the program she worked closely with throughout the program year. Structured interviews were conducted, research on the community was done and many hours were spent at the program sites. There are variations in emphasis and the cases reflect the distinct personalities of the programs. However, together these case studies provide a rich portrait of Head Start programs that have a home-based option.

The specific sites for the Indepth Study were selected to represent key features of Head Start programs that operate a home-based option. Half are home-based only sites; half operate both home-based and center-based options (referred to as mixed sites). Most are grantees; one program is operated by a delegate organization. Some are run by community action agencies; others by school districts. To the extent possible different regions of the country were represented when selecting the indepth sites.

The next sections describe some themes that emerge from the programs. Following this overview, each of the case studies is presented, beginning first with the home-based only sites (Vermont, Virginia, North Carolina, and Michigan); then the mixed sites (Kentucky, Georgia, Missouri and Maryland).

A Variety of Communities Are Served

The eight Head Start Programs studied operate in a variety of community settings, ranging from highly urban to truly rural. There are considerable variations in the size of the geographic areas and the number of children served by the programs.

The Michigan and North Carolina Head Start Programs are home-based models serving 93 and 84 children, respectively, in fairly urban settings. This is contrasted by the Georgia program, which operates 18 center-based programs in 17 counties and five home-based programs in five counties. In Georgia, the program serves 1,155 children in a 5,200 square mile area. All except one of the counties served in Georgia are classified as rural.

The Kentucky program enrolls 838 children in 13 counties. A central office is located in a city with a population of 60,000. The majority of the enrolled families live in rural areas, and often in small communities, isolated from each other by lack of adequate roads.

Another program that serves a large geographic area is located in Vermont. The program serves 216 home-based children in an area stretching from the Canadian border ninety miles south, with a population of approximately 180,000. Two urban centers are located within this otherwise rural area.

The Maryland Head Start Program is located in rural southern Maryland, where the primary sources of income are tobacco, farming, and fishing.

Several military installations are also located within the tri-county area served by the program which is funded to serve 440 children in both center-based and home-based settings.

The Missouri Head Start Program serves eight counties in what is known as "outstate Missouri," a predominantly rural area, where agriculture provides the economic base. Two cities are located within this area. The program is funded to serve 250 children in both home-based and center-based settings. The home-based model is available in six of the eight counties.

The Virginia Head Start Program, located in the fastest growing area in Virginia, is funded to serve 100 children through the home-based model. The families live in both rural and urban settings, with the average family living 5-12 miles from the program center.

A Study Of Change

Although the programs are vastly different in size and geographic location, staff have one goal in common -- to provide the best services available to the families in the program. The Head Start programs are cautiously changing and evolving in response to demands and the needs of families and the communities they serve.

The case studies include rich descriptions about how programs deal with the demands these changes put upon them and how staff continue to improve existing services in response to the evolving needs of their communities. They also document the programmatic constraints placed upon Head Start programs by their funding agency.

For example, the North Carolina program decided to deal with budget cuts imposed on them by serving the same number of families and keeping the same number of home visitors but shortening the program schedule by one month. The Virginia program is attempting to serve a new Asian population in their service area. Michigan is responding to the needs of the local school district and offering both a home-based and center-based approach in the future. Maryland is putting in place new strategies for home visitor supervision.

Changing Demographics

Some programs have experienced a shift in the population living within the service area and recruitment of eligible families has become difficult. Areas which were previously considered low income have recently experienced an economic upswing, and moderate income families have moved into the service area. This has forced low income families to move further away into rural areas.

This is the case in part of the Maryland site, where staff now have difficulties recruiting eligible families who live close enough for children to attend the center sessions. Staff in Vermont have also indicated that low-income families are forced to move further into rural areas where the cost of living is lower, but employment opportunities are scarce, and social services are not available.

The consequences of these relocations of families are that home visitor's travel times have increased considerably and this has reduced the amount of time home visitors can spend with families. In Maryland, home visitors were previously able to have a case load of 13 families, but due to increased travel time, the case loads have been reduced to 12 families.

In Vermont, home visitors found that they no longer had time available to organize group sessions because of the increased travel time. The Director was responsive to the home visitors new situation and created a new half-time position, that of Group Coordinator. This staff person will be responsible for planning and organizing parent sessions. The initial year of implementing the Group Coordinator position wasn't without it's share of problems. The program intends to modify the approach in the future but feels the basic idea is sound.

Staff in the Virginia Head Start Program recently began working with a small population of Asian families that have newly moved into the service area. One home visitor was assigned to work with the families who all have English as a second language. It proved to be a challenge to work with families from a different culture, to help them adjust to a new country, and to the language and culture. In the past, most families served by the staff in Maryland were two parent families, mature and living in self-contained family units. These days, many of the families are single parent families, with young mothers living in an extended family situation. The teenage mothers are not always interested in homemaking or learning about child growth and development. It has made the work of the home visitors more difficult. In direct response to this development, two new courses will be offered to the home visitors at the local community college as part of the CDA program. One course teaches mother infant interactions, and the other course deals with parent education.

Community Needs

Since Head Start is an integral part of the community it serves, changing needs in the communities frequently affect the programs, both directly and indirectly.

In 1986, the Board of Education in Michigan that administered the Head Start project, instituted a reorganization/desegregation plan. In this process, 7 elementary schools closed permanently and many auxiliary programs such as Head Start were forced to relocate. In September 1986, the Michigan Head Start program moved from a suburban school to a school a few blocks from the downtown area. The move occurred just as the program began its 1986-87 academic year and staff had to unpack, settle in and adjust to a new facility while at the same time starting to work with new families.

All three counties in Maryland have experienced some difficulty recruiting families to the program because the public school system initiated a pre-kindergarten program for four-year-olds. Many parents of four-year-olds would rather have their children in public school programs because of the five day schedule and because holidays are on the same schedule as the other school grades. Consequently, the Head Start program will serve predominantly three-year-olds in the future.

The Kentucky Head Start Program lost its center space for 160 children to the public school system. While the program tried to locate a new facility for its center classes, the children were served in a home-based setting for one year. The new situation put some pressure on staff who, in the past, had taught children in a classroom setting and suddenly found themselves working in family homes.

One center in Maryland used to be located in a church, but in September 1985, the program was asked to leave. After having received several extensions in order to find another location, the program finally had to leave the church in June 1986. At that time, a new facility had been identified, but it was still being constructed, and it would not be ready for occupancy until March 1987. In the meantime, home-based children continued to receive home visits, and group sessions were held at a different center. The center-based children were only able to attend classes for 3 months during that program year.

While some programs may experience difficulty in recruiting children because of pre-school programs initiated by the public school systems, the Michigan Head Start program, which is part of the school system, will probably grow. The Superintendent of Schools announced in 1986 that it was time to expand the existing pre-school program. Head Start staff submitted several alternative proposals and the final decision was to expand the program from 93 home-based children to 143 children. Of these, 100 four-year-olds will be served in center settings and 43 three-year-olds will continue to be served in a home-based setting. In addition to Head Start children, 50 Chapter 1 children will be added to the center. By using this strategy other funding became available that previously was not accessible. Through this expansion, the program will be able to serve those children whose parents are not at home during the day and previously were eliminated from program services. Older pre-school-aged children will also be able to receive more socialization experience before entering kindergarten.

This program expansion is a positive development for the community, but it has caused some anxiety among the staff. Since the home-based option was reduced by half, it has meant that three staff members would lose their status as home visitors and become the classroom educational assistants. This information was not received well by some of the home visitors and at least one left the program at the end of the school-year.

Financial Restrictions

In this era of conservative spending and funding restrictions, programs have to be creative in order to stretch their funding. In North Carolina, for example, funds were not available to keep seven home visitors employed for the nine months that the program had been operating. Rather than laying off any staff or serving fewer families, the decision was made to provide services to families for eight months instead of nine. Since most of the first month of the program was used for assessments, families received only seven months of home visits.

Also due to budget cutbacks, the Kentucky program eliminated transportation to and from centers in most counties. All counties except two were affected. In two counties, transportation was provided by the school board and the local area development planning organization, respectively. The home-based counties continued to provide transportation for field trips and special events. In addition to eliminating transportation as a service, five counties serving 460 children changed to a schedule of double sessions to cut costs.

In order to reduce costs the Maryland program has centralized its food preparation service. One center kitchen will be used for preparing lunches for children at all five centers, the meals will then be transported to the other four centers. Instead of employing five cooks the program now needs only one cook. The remaining four centers employ a nutrition aide who plans and prepares breakfasts and snacks for the children. In the past, each center was also responsible for purchasing food from local supermarkets. Now food is purchased through a wholesaler. This reduces costs and allows for better storage and monitoring of supplies.

Parent Involvement

Despite continuous demands on staff by outside sources to adapt and adjust to changes, staff seem unflappable in their commitment to provide and improve upon existing services. Parent participation is an integral part of the Head Start concept and an area of concern to Head Start staff. Most programs indicate that the extent of parent involvement is less than desirable. Staff are sensitive to parent needs and continue to develop new ideas to entice parents to become involved in program activities. In Missouri, for example, the program developed a Parent Day, a day long event with a variety of workshops which would be of interest to parents. In order for staff to deal more effectively with the complex issue of voluntary parent involvement, the program hired a consultant to train staff to provide interesting parent workshops.

Staff in Virginia tried to get parents more involved by preparing them more for classroom volunteering. This was done by providing parents with a pamphlet explaining daily routines, expected behaviors, how to handle problem situations, how to extend and expand the child's learning experiences and how parents could serve as classroom resources. In response to parents and staff who claimed that the content of some of the monthly program meetings was redundant for second-year parents, the program provided separate workshops for the multi-year parents. In a further attempt to increase overall involvement in Virginia, the program created a "parent center." The intent of the center is to enable parents to meet informally and to share information and their individual talents. Parents will be encouraged to organize different types of classes such as arts and crafts workshops.

In Maryland, joint group meetings are held for center and home-based parents. A higher involvement by center-based parents is attributed to the fact that center-based children have group sessions four times a week and therefore parents have more opportunities to participate. In an attempt to increase opportunities for home-based parents, the program plans to hold additional meetings for these parents while the children attend group sessions. Special guest speakers will be invited occasionally but for the most part the meetings will be for informal discussion between parents and for socializing.

Due to an increased workload, home visitors in Vermont felt they were no longer able to be responsible for organizing group sessions. Since the program was home-based only, home visitors needed to rely on a variety of community locations to schedule group activities. The director therefore created a new part-time position for a Group Coordinator. Former Head Start parents were offered this position and the responsibility to plan and implement group activities. Unfortunately, the responsibilities proved too difficult for some of the parents and all but one resigned during the year. The program director, however, still believes that having staff other than the home visitors responsible for the group sessions is programmatically wise. New staff will be hired to fill the positions of Group Coordinator and the "experiment" will be continued.

Community Involvement

In their continuing quest to broaden the services available to families, program staff encourage and look for the involvement of other community agencies. Staff in Virginia have developed a close working relationship with the Preschool Handicapped Program. Children who are referred to the handicapped program attend monthly classes at the Head Start center. This gives the staff in both programs an opportunity to work with children in a mainstreamed situation.

In North Carolina, the county speech and physical therapists are located in the same facility as the Head Start program. The staff have developed a good referral system with these therapists and services are readily available to handicapped Head Start children.

Future goals of the Head Start staff in Vermont include more involvement by the community and the public schools. Staff would like school officials to become involved in the transition process as well as getting parents to participate in the decision-making process. Staff feel that it would benefit school officials to be better informed about Head Start and its policy of involving parents in activities. Head Start staff also want to develop a closer relationship with a preschool program for handicapped children sponsored by the school system. A possible joint activity would be to coordinate the group sessions for these children, especially in rural areas.

The program in Maryland now offers a CDA for home visitors. One of the CDA field supervisors has worked closely with a local community college to develop courses that home visitors may enroll in to meet the requirements for the CDA. The community college already had a certificate program for the general CDA. The new courses for the home visitors are designed to help them work with the very young mothers they now have in their caseloads.

Supervision

Supervision is an important aspect of a well-functioning organization, especially considering the demanding and often difficult circumstances under which home visitors work. Each program has developed a mode of supervising staff which fits into its program model.

In Virginia, the program director supervises the home visitors. The director makes two or more home visits per year with each home visitor. Home visitors are required to complete a weekly schedule, monthly logs, and travel forms which are turned in to the director and reviewed regularly. Three times a year the director completes an evaluation form for each home visitor. The home visitors also do a self-evaluation and a statement of their end-of-the-year accomplishments. If the home visitor and director disagree over the statement, the home visitor documents her disagreement. Weekly meetings are held separately with each home visitor and the entire staff meets every Friday.

The six home visitors in Michigan are supervised by the director. She monitors home visitors time management by reviewing the Home Visitor

Reports and by making a supervisory visit to each home each year with the Home Visitor. Weekly staff meetings are held to discuss problematic areas and to offer ongoing staff development. Monthly reports are entered onto a computer after being reviewed by the director. Site reports, time sheets, and parent-signed sheets complete the documentation. The Parent Coordinator takes responsibility for initially setting up the case loads according to geographic area. This is done so that a home visitor's time is used efficiently.

In Georgia, the executive director supervises the program but has delegated some supervisory duties to two local directors. The local director for two counties indicated that at least four home visitor observations (two planned and two spontaneous) will take place beginning in the fall of 1987. The director also reviews the documentation of time spent in the home by the home visitors. The documentation includes time sheets and report forms which the director reviews and then transfers to a separate form which is sent on to the central office. The director will also ask parents about the length of the home visits. The home visitors are required to make one social service visit to each enrolled family every month. The director reviews the forms on social service visits as well and forwards a report to the central office.

The educational coordinators are responsible for supervising the home visitors in Maryland. The coordinators usually observe three or four home visits per year with each home visitor and also attend some group sessions. After each observation the coordinator provides the home visitor with an oral and written evaluation of her performance. At the end of the year the coordinators complete a summary on each home visitors' performance for the year. Beginning in 1987, a telephone survey will be conducted with parents to inquire about their feelings regarding the home-based option, if the parents have any problems with the program and if they have any suggestions for improvements. Parents will also be asked about the home visits they have received. This will provide an additional means of verifying home visitor performance. Currently, the only means of verifying home visitor performance is by reviewing the lesson plans which are signed by the parents.

The seven home visitors in North Carolina are directly supervised by the director. She accompanies each home visitor on at least four home visits a year. The director also reviews the home visit records, holds regular group meetings with home visitors, and provides staff training and consultations on an as-needed basis.

Previously there was one county director for each of the three counties served by the program in Vermont. This program year the positions were combined under two supervisors who share the overall supervisory responsibilities of the three counties. The change was distressing to staff who were feeling stressed by the lack of daily contact with a supervisor. The two supervisors now see the need to provide more daily contact and more support to home visitors in the future.

In Kentucky, the director makes a significant effort to direct services from the central office in such a manner that program services do not vary significantly from county to county. Supervision in the home-based segment can be problematic. For the most part, the home visitors are directly supervised during group socializations. An administrative staff member observes and makes suggestions. The educational administrative staff, consisting of an education coordinator and two education managers, are responsible for supervising both home-based and center-based staff. Copies of lesson plans, monthly reports and all educational contacts are sent to the education coordinator on a monthly basis. Each center has a head teacher who is responsible for the day-to-day operations of the center and who is the contact person for information from the central office.

Conclusion

Head Start staff are committed to provide superior services to the families they serve. Variations in program models indicate that service delivery is "individualized" to meet the needs of families in each specific area. The programs are dynamic and ever-evolving organizations sensitive to family and community needs.

Case Studies

The remainder of this report is eight case studies, one from each of the indepth sites. Each case study was developed by a person from the local community who is familiar with the Head Start program. Each provides its own unique perspective on the challenges that Head Start programs face in addressing a variety of community needs.

MICHIGAN

A HOME-BASED ONLY PROGRAM

I. The Program and the Setting

This Head Start program is operated as a delegate by a local school district located in the heart of Southeastern Michigan, the host city of 100,000 offers a wealth of cosmopolitan advantages. Through the University of Michigan and dozens of civic organizations, it provides a continuous bill of concerts, plays, lectures, festivals, and special events; the excitement of major collegiate athletics; and an abundance of galleries and museums. Recreational opportunities include cross-country skiing, sailing, fishing, horseback riding, tennis, swimming, canoeing, and golf.

Physically, this city is a study in variety and contrast. Surrounded by rivers, forests, lakes, and farmland, the city itself balances contemporary and traditional architecture with an extensive park and garden system. The carefully preserved historic districts complement a newly renovated commercial area. Tree-lined streets are just minutes from major freeways leading to Detroit, Toledo, Lansing, and Chicago. Shopping is made more diverse and appealing by dozens of specialty boutiques, bookstores, and an outdoor farmers' market.

The fact is that this isn't ONE city. It has many facets. The one that this study focuses on is the least mentioned, or is not noted at all, when residents "sell" their city to outsiders. It is the poor section of the area. But, poor families do not live in one neighborhood characterized by deteriorating dwellings in the center city area. There are no real slums, as such, or ghetto areas. There are pockets or clusters of poverty scattered in housing projects around the northeast, west, and southeast sides of the city, but conveniently tucked away from the public eye.

Many who live in the city are truly unaware of those housing projects. They are also ignorant of the people who live in them unless, perhaps, their child's school is impacted by one of these housing projects. An elitist attitude has often been attributed to the local city. It is reflected in comments such as: "Why does this city, of all places, need a Head Start Program?" and "There's no real poverty here; maybe a few university students who can't find work, but, "Hey! this is a city of professionals, isn't it?"

Many residents commute to neighboring areas for work, especially to Detroit. Although an urban area, the city has the flavor of a small university town offering a high standard of living. It has become a growing industrial area and has always been known as a research center, primarily due to the presence of the University of Michigan with an enrollment of over 42,000 full-time students.

There are several newly-imigrated Arabic families and many single parent black families enrolled in Head Start.

II. The Home-Based Option

All of the children in the program are served weekly in their homes by a home visitor. However, six weeks of the total program is set aside for classroom experience. The program devised a plan whereby one of those weeks would be used once a month, October to March, so that each child would have a monthly class session in addition to regularly scheduled home visits. At the end of the year each child had a continuing five-week stay in the classroom. Groups were assigned according to bus routes and divided into two morning and two afternoon sessions, thereby creating four manageable groups for teaching.

The classroom setting consisted of two first-floor adjoining classrooms in a 50-year-plus-old school building that also housed the Head Start office upstairs. A large enclosed play yard was attached to the building and outdoor play equipment was already in place from other early childhood-age groups that were served.

In September 1986, the program moved from a suburban school to this site only a few blocks from downtown. This was done as part of a reorganization/desegregation plan instituted by the Board of Education. In this shuffle, seven elementary schools were closed permanently and many auxiliary programs, such as Head Start, were forced to relocate. Much of the beginning of the school year was spent unpacking and getting settled.

The past year was characterized by more than a few people as, in the words of the former Head Start director, "A crazy year!" She went on to say, "Everyone has been operating under an 'umbrella of turmoil' as we moved from our old physical location to a totally new building and a new program (switching to a mixed site in the fall of 1987) in less than a year."

The new director cited several factors that contributed to this turmoil. Of course, the first was the move and the transition of resettling. Then, in the fall of 1986, one of the home visitors left her position to work in the Chapter One program and a Chapter One teacher replaced her. The year had already started and the 16 families in that caseload needed to adjust to a new home visitor.

In January 1987, several other staff changes occurred. The Head Start director, moved up to fill in as acting director of the pre-school program when that director resigned. Locating a replacement for the Head Start director in mid-year was a major task! Fortunately, a very capable woman who had served as an interim director during 1984-1985 agreed to fill in to complete the year. In order to do this, she resigned her present position as a mental health consultant in a different school system.

At this same time, the office secretary, who had been with the program for ten years, asked for, and was granted a transfer to a different school and an interim secretary was hired. The new Head Start director commented, "At this point were limping along with a large bandaid as we work with three interim people!"

Another complication was added when the Superintendent of Schools announced, "It's time to expand the existing pre-school program and we must come up with several alternatives to present to the Board of Education." These were hurriedly, but thoroughly, put together by both the former and the acting Head Start directors and presented before a televised audience at the March 25, 1987, Board Meeting. When the Board chose the program plan for a mixed site which offered home-based services to three-year-olds exclusively, this meant that three of the home visitors would lose their current status and be assigned to the classroom setting as educational assistants. The decision of the three to be assigned to classrooms was based solely on seniority. This was too much for one home visitor and on the last day she announced that she was retiring.

The acting Head Start Director explained the reluctance of the home visitors to become classroom aides by saying, "The role of home visitor is a comfortable role; a lot of trust is established with each family and it's rewarding to see the growth that occurs. She went on to say, "The job allows greater flexibility than many others and for the last several years the six home visitors in this program have functioned as a team. The resultant foundation of stability got them through this past year." In conclusion, she noted, "This has been just 'one-of-those-years.' The previous year, 1985-1986, wasn't at all as problem filled and the year ahead, 1987-1988, with the two director positions now secure, we hope will go more smoothly."

The home-based option was selected for the program in 1982, and initiated in the 1982-1983 school year. This was a departure from the mixed-site program previously offered. It was a financial decision exclusively. The home-based option was less costly and, without the needed local school district funds to continue to operate a mixed site, there was no alternative but to go with a pure home-based program. Those involved in the decision were many: central school administrators, school board members, Head Start Policy Council members, and Head Start parents. As a result in 1982-1983, Head Start Program became totally home-based.

The home-based program remained that way through 1986-1987. However, the program reverted back to a mixed program in the fall of 1987-1988. In an attempt to get greater funding for a pre-school program, a proposal was submitted in March 1987, which was a collaboration between Head Start and Chapter One. A former director explained, "To run the home-based program, we would need $30,000 from the Board. We decided to submit a proposal to expand and get a really good program which will cost the Board $26,000. The Board agreed and we will have 100 four-year-olds served in three strategically located center-based sites and 43 three-year-olds in a home based program." Transportation determines the site to which a child is assigned. The home-based program will enroll only children who are Head Start eligible.

As noted earlier, this switch to a mixed site caused some concern among the home visitors. During the past four years, these six women have become comfortable with their roles. They assisted in the classroom as required for a total of six weeks during the year, but their caseload represented "their families." Many of these relationships were long-term, since more children in "their families" would come along and be eligible for the program.

According to one home visitor, few changes had occurred during the last several years. She did comment, "When the program switched to home-based in 1982-1983, my caseload increased to 16 families (the same for all home visitors) and my hours increased slightly from six to seven per day, five days a week."

Another home visitor felt the good reputation of the home-based program provided more referrals and that the families wanted all the siblings in the program, too. She mentioned the visibility of the home visitors in the neighborhoods served; the home visitors, who were outsiders, became familiar to all who lived there and no one was threatened by their presence. One of the biggest changes was the increased trust the parents had with their home visitor and, in turn, with the program. Also, she mentioned that the increase in classroom time, provided greater socialization opportunities to the children.

According to the Parent Coordinator, when the home-based option was introduced, many of the parents, as well as staff, were skeptical. As the program developed, however, those initial reservations switched to positive feelings. Now that part of the program is changing next year, some of the parents are again feeling unsure and not as positive as they were previously. Transition seems to breed concerns.

The children in the Head Start program come from many areas of the city. As noted earlier, one of the original reasons that the home-based option was seen as beneficial was that the eligible group of children was scattered across the city and not easily bussed to one center. Now that the program is expanded, three strategically-located centers have been established to meet the increased need.

III. Families and Selection Criteria

The home-based program is funded to serve 93 children. Five families have two or more children in the program. Approximately one-third of the families have had one or more children previously enrolled in Head Start. Under 10 percent of those enrolled are over-income (eight children) and four of those children are handicapped. Of all children enrolled during the program year (99 including 8 drop-outs), 89 children spoke English as the first language, 8 spoke Arabic, 1 Chinese, and 1 Russian.

Some basic statistical information about families in the program for the study year include:

Number of families enrolled:	91
Racial Composition:	
White	29%
Black	69%
Hispanic	1%
Asian/Pacific Islander	1%
Family Composition:	
Two Parent Families	31%
Single-Parent (mother)	67%
Single-Parent (father)	>1%
Neither Parent Present	>1%
Family Size	
One Child	93%
Two Child	7%
Median Income:	$ 5,999
Geographic Distribution	
City or Town	100%
Other Family Characteristics:	
Live in Isolated Area	2%
Have Multiple Family Problems	29%
Receive Welfare	90%
Are Over Income	5%

In discussing the overall characteristics of families the program serves, the Head Start director of many years commented, "Over 80 percent of our families are on welfare, about 70 percent are minorities and about 60 percent are headed by a single female."

It is interesting to note that the general population reflects 9.3 percent black while the Head Start Program is 69 percent black. As of December 1986, 50 families enrolled out of the 91 total were headed by a single female. Seven other families were reported to have the mother present with other adults, but not the father. Only 27 families out of 91 were listed as two-parent families. Several of these households were those who had children in the program in the over-income and handicapped groups.

IV. Home Visitors

The home visitor in the Ann Arbor programs are selected on the basis of three criteria 1) having a high school diploma 2) showing an ability to work with people from diverse backgrounds, and 3) having experience working with pre-school age children. "There is never any difficulty finding qualified candidates." said the director "Turnover is not a problem and usually we need to hire a new person only when someone resigns or takes a leave of absence."

Most home visitors have completed some education beyond high school. When the home-based program was selected home visitors received Head Start training, using the Portage Model, and most already had some background in early childhood education.

The six home visitors are supervised by the Head Start director. She monitors how they manage their time by reviewing the home visitor reports and by making one supervisory visit to a home each year. Weekly staff meetings are held to discuss problem areas and to offer on-going staff development.

Monthly reports are entered on the computer after being reviewed by the director. A documentation system is firmly in place using site reports, time sheets, and parent sign sheets. The Parent Coordinator takes responsibility for initially setting up the caseloads according to geographic area and this is done so a home visitor's time is used efficiently.

Statistics on home visitors include the following:

Total number of Home Visitors: 6

Home Visitor Education:

High school diploma or GED	1
Some post high school	5

Training:

Home Start training only	5
University training	0
Private contractor training	0
Both Home Start training and any of the above	0

Years With the Program:

New to the program (first year)	0
In their second year	1
In their third year	0
In more than their third year	5

Number Who Have Or Have Had A Child In Head Start: 0

Average Number of Families Per Home Visitor: 14

A continued problem is low pay. For the amount of responsibility home visitors assume, they are compensated at a very low rate ($7.97/hr.).

There is no overall or ongoing training of the home visitors in-house except for staff meetings. Home visitors are encouraged to go to state meetings and to seek CDA training from outside sources. "Routine staff development where local resource people come in is ongoing", explained the acting Head Start director.

Substitutes are not hired to replace home visitors when they are ill or unable to complete a visit. However, in the classroom setting, substitutes are secured for the home visitors who are serving as classroom aides so the ratio of adults to children can stay the same.

Home visitors are neither current nor former Head Start parents. However, one home visitor has had her grandchildren in the program, so that would make her a Head Start grandparent.

This group of home visitors is fortunate to have a vast array of community resources upon which to draw. These assets are used in many ways from helping with monthly parent planning meetings to serving as sources of obtaining materials for home visits. Parents are encouraged by the Head Start parent coordinator through the monthly *Newsletter* to use the many free services available in the area. However, it is the home visitor who serves as the real connecting link between the families and these services. She is not allowed to provide transportation, but she can make suggestions as to what is accessible. She distributes the *Newsletter* and talks to the families about the content of each issue. She directly encourages parents to come to the parent meetings and to take advantage of the opportunities listed.

V. The Home Visit

The home visitor visits each enrolled family once a week for about an hour. Home visits to families with more than one child in the program tend to be longer, about an hour and a half, and special time is allocated to each child.

Home visitors use the Portage curriculum model as a framework for their weekly home visits. The visits are divided into three segments:

I. Structured or set activities, for example, to teach cognitive or language skills to the child

II. Informal activities with no specific objective; for example, music, art, cooking, etc.

III. Parent time to provide parents with an opportunity to bring up concerns or family issues, such as dental care or safety in the home.

According to the staff, the curriculum is tailored to fit specific needs of the child. By using the curriculum guidelines, the visit takes on special purpose and is given structure which enables all involved to wisely use the allocated time.

A mixture of cognitive, language, gross motor, self help and socialization skills are taught with the aid of activity sheets. The structured activities provide a wide range of cognitive and language learning experiences that give children an opportunity to explore, to ask questions, to organize information, and to develop and practice skills related to school success. A number of the prescribed activities are skill oriented and the results are easily identifiable. The home visitor models the teaching strategy to the parent and gives the parent hands-on experience in recognizing small, discreet and measurable skills the child is acquiring through the activity. A major focus of the program is to strengthen parent teaching skills and to recognize the parent's teaching role in a child's progress or success. In the Head Start handbook distributed prior to the child's entry into the program, parents are encouraged to "participate in the home visits and continue home visit activities with their children between visits."

A. Home Visit Focus and Activities

Total time spent with families in the three home visits that were observed averaged one hour and fifteen minutes. (A fourth visit is reported on separately below because unusual circumstances made this visit atypical.) Between eight and thirteen activities occurred during the three home visits. Typically, three-fourths or more of the total home visit time was devoted to activities concerning the child, and a large portion of that time was set aside for "structured" activities.

Each home visit included at least one language activity, such as reading stories or looking at pictures. A variety of basic or cognitive skill activities, also, took place in the three visits. In one home, children were taught both to distinguish between different coins, and the value of money. "What can you buy with a dollar?" the home visitor queried. "Pop and candy," the child said, "...but not a toy." This response prompted an eruption of laughter and a recognition of the child's keen sense of money's worth. This concept was further reinforced by playing store, with the child, using jelly beans and real coins, and asking questions as, "How many jelly beans can you buy with a dime if each one costs a nickel? How many does a quarter buy?."

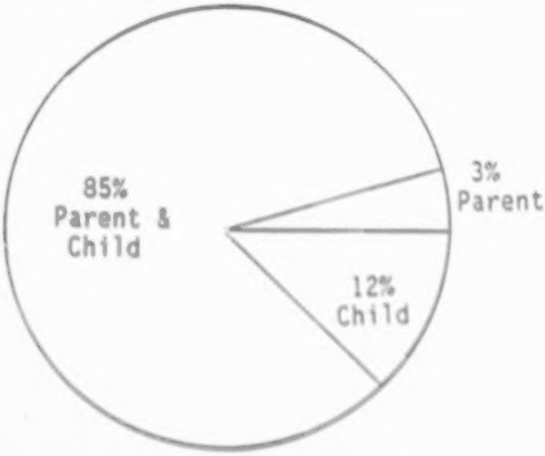
Other basic activities observed included matching and counting games. One home visitor brought a wooden fishing pole with a magnet and different colored paper fish to one of the families. Upon catching a fish, the child would name its color and find other objects in the room of the same color. Ditto sheets were used in another home with matching items printed on it. The child would pick out the picture on the sheet that did not match. Concepts such as big, bigger, and biggest and sequencing objects from smallest to largest were reviewed.

There were a variety of so-called unstructured activities in each home visit. Often children were engaged in an art project such as making a picture of a garden, drawing a person, or painting. Art projects were used as learning activities as well. For example, in making a drawing of a garden, the home visitor would ask the child what color the grass is or to draw a red or yellow flower. Identifying body parts and parts the child had not included in the picture were part of another drawing exercise. Other unstructured activities included stretching exercises, making playdough or jello with the children, and planting carrot seeds, following a story on the same topic.

Most of the activities used materials provided by the home visitor. These included puzzles, blocks, ditto sheets, paper, crayons, paints, books, and games.

Although most of the home visit activities were designed to teach children specific skills, most involved both parent and child. As noted below, only 12 percent of the home visit time focused exclusively on children and only 3 percent of the visit focused on topics of interest or concern only to parents.

Focus of Home Visit Activities



In each home visit, some time was spent with the parent following up on assignments made the previous week and on activities the parent had undertaken with her child between home visits. Because this was the last home visit of the year, little time was devoted to assigning additional activities for the coming week, although one parent was given a list of activities to do with children during the summer months. According to staff, planning for future activities is usually a major emphasis of each home visit.

Pre-kindergarten was a major focus of activities and discussions. All children would enter into a classroom program the following week. Bus schedules were explained and exchanged with parents. Weekly readers were left with parents so that they could teach their child about playground safety and safety rules. Other topics covered with parents included a dental appointment to be made, and a job opening which one mother was encouraged to apply for. Of the three home visit segments, parent time had the most variety.

Good nutrition is part of every home visit in this site and all home visits concluded with a snack. Home visitors brought a nutritious snack to each family that was observed. The snack consisted of juice and something to eat, such as crackers with peanut butter, apple pieces, and raisins, etc. By helping prepare the snack, the parent learned how to fix low cost nutritious snacks.

In all three home visits, parents were present the entire time and took an active part in almost all activities. Frequently, parent and child were engaged with the home visitor in a specific game or activity.

The absence of the parent for the fourth home visit that was observed was the primary reason for classifying it as "atypical." Several unsuccessful attempts had been made to schedule the visit with the child's father who is usually involved in the home visit. He was out of town and the end of the home visiting program precluded another scheduling attempt. The child's stepmother had to leave for work shortly after the home visitor's arrival; then a neighbor came to take care of the child. Most of the visit was spent doing child activities, with little or no involvement or participation by the adults.

In almost all families, the parent the home visitor works with is exclusively the mother of the Head Start child. In a few instances where the mother works, visits are made to someone else. Occasionally, a home visit is scheduled for a Saturday morning or during after work hours, but this is rare.

Parent involvement is a key factor in the home-based model. "The parent has to be involved or the family is dropped from the program," the parent coordinator stated flatly in an interview. Discussions with other staff highlight this policy and relay some of the home visitors' frustration with families that don't seem to want to cooperate with the program. Sometimes, no matter how much the home visitors cajole parents, they still don't respond. When parents refuse to send in medical records, for example, this is grounds to drop the family. Several families were dropped last November and December for this reason.

One home visitor tried desperately to work with a family who "snubbed their nose at her even though they knew the rules." Each time the home visitor arrived, the parent found an excuse to leave and do something else. The parent felt that the time was for the home visitor to spend with the child and not with her. So even though the child needed the help, the parent was uncooperative and the family had to be dropped.

Another child was enrolled by her father and grandmother. This child lived with her mother but the mother never kept appointments and this became a major problem. Again, the family was dropped even though the child could have benefitted from the program.

These instances are relatively rare but they underscore the program's philosophy that parent involvement is central to the home-based approach.

B. Individualization and Records

Home visits appear to be individualized for specific child and family needs. Although the same basic skills may be covered, the activities vary from family to family. There was active involvement of siblings in two of the three reported visits. Visits tend to be longer than an hour if more than one child is enrolled. While no special activities were conducted for siblings, the home visitor spent time with each child, often repeating an activity she had done earlier with another child. Meanwhile, the mother involved the other child in the next activity. For example, the matching game was done separately with each child before engaging them in joint activities of stretching exercises and playing store. Activity sheets are left with the parent to facilitate practice between home visits. The form is signed by the parent and reviewed by the acting Head Start director who supervises and monitors the six home visitors.

Staff complete a home visitor report at the conclusion of each home visit. Progress that the child has made on a skill introduced the previous week is recorded on the form. Similarly the record is used to report on activities undertaken during each of the three segments of the home visit including structured, informal, and parent/family. Home visitors rate the child's skill level with regard to all structured activities, as well as on the assignments made the previous week. Each week's progress on the assignments is monitored and a post-baseline score is entered on the record. In addition, the record is used to keep track of the component and developmental areas covered in the home visit, as well as cumulatively for the year.

VI. Group Sessions

Six weeks of the home-based program is set aside for classroom experiences for enrolled children. Each enrolled child attends half-day sessions (either in the morning or afternoon) five days a week during this six-week period. The groups consist of approximately 23 students each.

One of these classroom sessions was observed in late May. Twenty children were in attendance; several cases of chicken pox caused some absences. The group was led by a head teacher, three home visitors, and one parent volunteer. The schedule for this two and three-quarter hour session is as follows:

Planning Time: 20 minutes
Activity Time: 60 minutes
Clean Up Time: 10 minutes
Snack Time: 30 minutes
Circle Time: 15 minutes
Outdoor Time: 30 minutes

During planning time, children got name tags, talked to the teachers, sang a welcome song in a circle, talked about the number of days they have been in the center, and were told about things planned for the day and choices of activities.

Children broke into small groups during activity time. One group watched a pet turtle eat apples and listened intently as the mother explained the turtle's habits: hibernation, sounds, reproduction, and so on. Another group of children did marble painting or rolled marbles through small blocks with holes. Other activities children had to chose from included a sand and water table activity, a tea party, painting, or using cookie cutters and playdough.

Children helped to clean up at the end of activity time, then lined up to go to the bathroom or to wash up before being served a snack. While eating, they talked about having patience and waiting your turn.

This was followed by circle time, during which the children were read several stories: "Five Little Monkeys Jumping on the Bed", "The Bunny Story", and "Brown Bear, B.B., What Do You See?" Between stories, the children sang the songs, "My Oh My," and "I am Special". There was active participation on the part of the children. When circle time was over, children got up to march to music; they clapped, tiptoed, and circled before gathering their coats for outdoor play. Outdoors, children engaged in free play, played in the sandbox or on the swing, or climbed. This marked the end of the group activity.

Parents also have the opportunity to get together for formal or informal discussions once a month during a parent meeting. Parent meetings are always held in the school building which houses the Head Start Office. Dental care for pre-schoolers was the topic of one parent meeting, which was attended by five families. Availability of medical care and services was addressed in another parent meeting.

By far, the most well-attended meetings are the year-end potluck suppers. At these gatherings, children perform songs they have learned in the classroom and teachers spend informal time with their families. It is a time for relaxation and fun for everyone.

Besides monthly parent meetings, parents may volunteer in the classroom or serve as representatives on the Policy Council. This program has three voting positions out of the 18 positions for the entire county, which represents four Head Start programs. At times, it is hard to find willing individuals to serve on the Council. Not only is time a factor, but also problems with transportation and child care contribute to parents' reluctance to volunteer. Sometimes parents feel they don't see results from their input and participation.

"Every effort is made to increase parent involvement," said the parent coordinator. "We are always talking to the parents to encourage them to become involved and home visitors provide the one-to-one contact necessary for good follow through." Even chiding is resorted to from time to time. In a Newsletter, parents are told that attendance at parent meetings has become a problem. "While parent participation is not mandatory, it is expected that parents will attend. Parent involvement is a critical part of the Head Start and Chapter One Programs and our funding can be in jeopardy when parents do not participate."

VII. Parent Outcomes

Despite poor attendance at the parent meetings, other good things are happening in the program. One home visitor told two stories that reflect the positive force that the home-based program provides. Jeanne, who was a teacher aide for eight years before becoming a home visitor in 1982-1983, told of one of her parents who had never finished high school. Jeanne provided the parent with a brochure describing the GED program. Together they discussed daycare for her children, how to go about signing up for the GED program, and what the benefits were to her and to her family. The mother was told it would take her two full years to complete the degree. She enrolled and completed the program in one year. She has now enrolled in the nursing program at the community college. The home visitor feels that she gave this parent the push that was the necessary motivating factor. She also gave the parent, through her weekly contacts, the information the parent needed to apply to both programs. She provided a "listening ear" for all the concerns this parent had. Indeed, this home visitor provided the connecting link between the home and the outside resources.

Another story reflects the benefits of the home visitors role as a good role model for the parent. Another mother in Jeanne's caseload admitted one day that she thought she was abusing her child. She came to that conclusion after watching Jeanne work with her child. She asked for other ways of disciplining and Jeanne demonstrated some for her at the time the child misbehaved. The mother then modeled Jeanne's behavior and tried several discipline methods that fit her own style. This went on for the remainder of the year and the final result was a much better functioning parent-child team.

VIII. Home-Based Policy

As noted earlier, the home-based option will be made available only for low-income three-year-olds in 1987-1988. The pre-school program for four-year-olds was expanded to include about 100 children in the school district and will change its emphasis from helping the four-year-olds in their homes to grouping them together in classrooms. The four-year-olds spend half a day in pre-school four days a week. The fifth day will be used for in-home training or working with parents.

The rationale behind the change from a totally home-based program to a mixed program is to provide pre-school children with classroom social skills before they enter kindergarten. "There (in the center) they would be able to meet and to play with other children and adults who are not family members. Presently, if a parent is not home during the day, the child will not be able to be in the program since all work takes place in the youngster's home," according to the former director.

At present, this Head Start program considers the child, not the family, when counting the numbers receiving home-based services. Caseloads are divided by the number of children; each home visitor has a case load of sixteen children, although some children are from the same families.

"The program also does not have a policy per se that outlines which children will be carried over from one year to the next," stated the director. Basically, if a child is enrolled when he is three, he will be carried over the following year. On occasion, if the child is not demonstrating readiness for kindergarten at the end of year two in the program, he might continue to receive services as a five-year-old. The program, as it stands now, is tailor-made to fit each child's need, so it would change according to the changing needs of the children.

IX. Interpretations and Conclusions

The Michigan program has taken a look at itself and has recommended some changes. The Board of Education, in a conciliatory mood, granted the extra funding required to expand the program from 93 to 143 enrolled children. In addition to Head Start children, 50 Chapter I children were added. By using this strategy, additional funding through Chapter I was made available that previously was not accessible.

The home-based program has clearly demonstrated the value of having a good role model for both parent and child. However, it did not provide as much socialization experience for the older pre-schooler who is ready to enter kindergarten. It also eliminated those children whose parents were not at home during the day from obtaining services. Some of these drawbacks were corrected by expanding the program to a mixed site.

More funding for the program would help reduce heavy caseloads. However, being a part of a school system, the program has to rely on a changing school board and budgets are unpredictable.

Adequate classroom space has been a problem in the past. Now that seven schools have been closed, space continues to be a problem and the juggling continues.

In conclusion, this program remains flexible to meet the changing needs of the population it serves. The leadership is creative and the staff is open-minded. Head Start accepts the changes necessary to respond to its community positively in the interest of the children and the families served.

VIRGINIA

A HOME-BASED ONLY PROGRAM

I. The Program and the Setting

This southeastern county in Virginia is known as the fastest growing locality in Virginia. As a result, it faces many concerns in keeping pace with its population growth. Experiencing a great deal of change as well, the County Public School System also struggles to meet the needs of the community. As the county and the school system continue to grow and change, so does the Head Start home-based program that is operated through the local public school system.

Funded to serve 100 children through a home-based model, the program reaches families living near cities, in rural areas, in subsidized housing, in subdivisions, and still others in bedroom communities. In spite of the varied locations and settings of the homes served, the staff continually works to provide the best possible program to meet the needs of its families.

The center's location is anywhere from one-half mile to 35 miles away from the families in the program, with the average being about five to 12 miles away. Though many of these families are near major highways, most of the parents do not have access to transportation. There is also no form of public transportation provided by the county. Head Start is housed in an old school building with other public school programs. The Head Start Center serves as a site for parent meetings, socialization groups, and offices for the staff.

The program had previously served three- and four-year-olds. This year, however, the program is funded to serve the total family including children from birth to four-years old. The families are primarily

Black and Caucasian with low annual incomes. In recent years a small population of Asian families living near a large manufacturing plant have begun to be served by Head Start. These families have few skills and are resistant to learning English. They view their environment as greatly improved compared to the country from which they immigrated. For example, the director and several home visitors related how these families coped with having their water supply turned off. When Head Start staff encouraged the Asian community to try to do something about their problem, they were told by the families that having water fifteen days out of thirty was better than not having water for thirty days. While the Asian community is not increasing, it does seem to be stable and likely remain in the community for some time.

Over the past five years, the Head Start program has experienced many changes. Five years ago, the concept of working with the parents and teaching them to work directly with their child was introduced to this staff. Since that time, many changes, additions, deletions, and other directions of growth towards this goal have taken place. This year once again, the staff has faced new and different challenges. As stated before, this is the first year that the program has worked with the entire family serving children zero to four. It is also the first time a set parenting curriculum has been used. While the program has worked with the Preschool Handicapped Program (PHP) in the past, this year the staff has worked more closely with the PHP. Children referred to the PHP program have attended monthly center classes with the Head Start children in order to create a mainstreaming situation. Head Start staff feels that the opportunity for the PHP staff to observe these children in a mainstreamed situation has helped not only to broaden the PHP staff's view, but also to provide learning opportunities for the Head Start staff themselves.

This year also offered a new experience for the program to work with a group of children who have English as a second language. One home visitor worked with the ESL families throughout the year. Most of them were of Asian origin. This opportunity seemed to be very helpful to the children, but the parents continued to have cultural and language adjustment problems. All of these changes, coupled with the drive of the staff to do the best it can for the families has at times caused tension. The demands of time and of paper work to meet these new challenges have often been felt. While the staff is highly professional and works hard to learn and do all it can, it seems that all staff members have a need for continually more support and for ways to deal with the stress of a very demanding job.

II. The Home-Based Option

The Head Start program began 18 years ago as a center-based summer program in a local church. Approximately five years later the county public school took it over. Two years later the school system began to operate Head Start as a home-based program. The main reason home-based was selected was due to the commitment of the director of federal programs to families and to the needs of young children dependent on their parents. The director felt that not only could more children be reached through such a program, but that services would be more effectively delivered in this manner. The fact that classroom facilities were not available was also considered. Today, the same director and the Head Start staff still believe, more than ever, that a home-based program is the best and most effective method of delivery.

Over the past eighteen years, not only has the program gone from center-based to home-based, but it has experienced changes in mode of delivery. At one point, classes were held in a camper. Home visitors would take the camper to a given area and gather the children enrolled in Head Start and their parents into the camper for class.

Changes have also taken place in the philosophy and implementation of the program. For the first 13 years, the focus of Head Start was the child. With Child Development Associate (CDA) training for the home visitors and other professional in-service personnel, the program switched its focus to the parent as the focal point. During the past 5 years, the staff has developed its program to concentrate on teaching the parents how to teach their own children. More attention also goes into considering the needs of the entire family as opposed to those of just the preschooler. Efforts are made to teach parents how to use community resources and become more independent. At one point in the program's history, the home visitor often transported parents to attend to various family needs. For example, a home visitor might have taken a parent to the local social services agency to obtain Aid to Dependent Children (ADC). While transportation is occasionally provided, now the social services worker and/or home visitors work with the parents in helping them solve such problems. The families are encouraged to plan and seek various solutions. One way the staff has helped families to become empowered has been to assist parents in building support networks among themselves.

III. Staffing and Staff Characteristics

In 1981, two new positions were added to the Head Start program. These positions were a health/nutrition worker and a social service/parent coordinator. About the same time, the home visitors were given office space and a scheduled weekly planning day. This was done to provide the home visitors with a place and time to attend to planning and record-keeping duties. Prior to this time, home visitors worked out of their own homes and used their cars and homes for storing home visit materials. The reoccurring theme of too much paper work in Head Start remains even now, but at least there is time and space to address this.

With change comes some degree of growth and often pain. In an effort to change to a new philosophy of working with parents versus working directly with the child, the staff and families experienced adjustments in attitudes. Both parents and home visitors had been comfortable with the home visitor serving as a tutor to the children enrolled in the program. Indeed, many home visitors reported that upon coming to a home for a visit, parents announced them to their children in the following fashion, "Your teacher is here to work with you." With training from CDA and time to gain experience with this new focus, home visitors became strong advocates of parents as teachers of their own children. Now home visitors remark how exciting and encouraging it is not only to see children grow but also observe the positive effects upon the parents and other family members.

Home visitors also state that they view themselves differently than before implementation of this philosophy. They see themselves as more professional and also more challenged. One of the home visitors who was in the program prior to the change states "It's been hard work for the parents and us, but it has been worth it."

Parents also initially resisted this new idea. They were reluctant and uncertain about their skills and abilities. Parents were nervous about performing before the home visitor. Some were not sure how to start; others just knew they weren't "good teachers." Parents who were reluctant to take on the teaching role in the beginning would then often exit the program confident and eager to demonstrate their new found skills and abilities. Head Start staff has found second year parents to generally show greater gain and have more positive influence upon their own family members. Parents in group meetings have also told first year parents how shy and uncertain they felt in the beginning and that they never would have thought that in a year they would have felt so much more sure of themselves. These same parents have stated that their own change also had a positive effect on their children's confidence.

IV. Families and Selection Criteria

Children that are served by Head Start are from low-income families. Eligibility is determined by Head Start guidelines. Four-year-olds have priority over three-year-olds. Among these, children with handicaps are considered first. Minority children are given high priority. Also children from families with the very lowest incomes are considered before other children. These families are seen as the ones who have the greatest need for services by Head Start. The home-based model also seems to be an appropriate way to reach families who do not have public transportation to take their children to a community program. Living in poor socio-economic conditions, families in the program often lack effective parenting and life coping skills. Head Start helps these parents develop abilities to work with their children more effectively and also to deal with the families' personal problems as well. They have little understanding of how to work with the public school system to help their children nor do they know how to ensure that their child will receive the necessary and appropriate services. Teachers of children from low-income families who were enrolled in Head Start state that these children do better in school than children from low-income families who have had no previous preschool experience. Their parents also seem more involved and interested in their child's schooling.

Some basic statistical information about families in the program for the study year include:

Number of Families enrolled:	100

Racial Composition:

White	57%
Black	31%
Hispanic	1%
Asian/Pacific Islander	8%
Other	3%

Family Composition:

Two parent families	49%
Single parent (mother)	44%
Single-parent (father)	2%
Neither parent present	5%

Family Size:

One child	8%
Two children	32%
Three children	31%
Four children	22%
Five or more children	7%

Median Income: $ 4,999

Geographic Distribution:

Suburban fringe	95%
Rural area	5%

Other Family Characteristics:

Live in isolated area	100%
Have multiple family problems	19%
Receive welfare	49%
Are over income	15%

V. Home Visitors

Home visitors are a critical aspect of the Head Start program. Since the salary for this position is low, it is the program's policy to hire a non-degree person. The Policy Council has input into hiring and dismissing home visitors. Head Start guidelines 70.2 are followed. Former parents have applied for this position and have been qualified, but thus far have not been hired.

Qualifications for the position of home visitor are para-professional level, with preference for candidates with two or more years experience working with preschoolers and adults. Candidates who meet these qualifications are not impossible to find, though someone with experience in working with both preschoolers and adults is not always available and candidates with experience in home visitation as well as experience with children and adults are rare.

Statistics on home visitors include the following:

Total Number of Home Visitors: 6

Home Visitor Education:

Some post high school	6

Training:

Home Start training only	0
University training	0
Private contractor training	1
Both Home Start training and either of the above	5

Years With the Program:

New to the program (first year)	1
In their second year	0
In their third year	2
In more than their third year	3

Number Who Have or Have Had A Child In Head Start: 1

Average Number Of Families Per Home Visit: 12

Once home visitors are hired, their training becomes an on-going process. All home visitors fill out a training needs assessment each year. Plans are made for training using this assessment, Head Start requirements, and suggestions from the staff and parents. Speakers, workshops, courses, educational media, consultants, conferences, and professional books, articles and journals are some of the ways training is made available to home visitors and the entire staff. Five years ago, the home visitors participated in a CDA training program through one of the local community colleges. Three of the home visitors received a home-based CDA the first year this credential became available. Only one home visitor with a CDA is currently in the program. The program would like to have all its home visitors receive their CDA. A new opportunity in training will be offered next year as the home visitors participate in peer teaching. Each home visitor has a particular area of interest which they have developed. Through peer teaching, each home visitor will be able to share her expertise with her colleagues. In the past, one home visitor has taken courses toward a degree in early childhood education.

The director of the program holds the responsibility of supervising each home visitor. Visits with the home visitor are made with the supervisor two or more times a year. A form, approved by the home visitors, is filled out by the director on each home visitor at the beginning, middle, and end of the year. The home visitors also do a self-evaluation and statement of their accomplishments for the year. If the home visitor and director disagree on something, then the home visitor writes out her disagreement and initials it. At the end of each week, individual review meetings are held between the director and each home visitor. The format is open and starts with discussion and concludes with problem solving. The meeting usually takes about thirty minutes. On Fridays, the entire staff also meets together.

Home visitors are required to fill out monthly time logs and travel forms that are turned in and reviewed by the director. They also keep a weekly schedule which is also turned in to the director. If a home visitor is unable to see a family due to illness or any other reason, a substitute is not hired. The home visitor is expected to make up a missed visit. This is also true of a parent who cancels. The home visitor expects the parent to reschedule the missed visit. Parents do forget about their weekly visits from time to time. In the spring, towards the end of the year, parents are more likely to miss visits. This seems to happen because parents are anxious to get out of their homes which they have been confined during cold weather.

Home visitors are usually very loyal to the program. They feel a commitment not only to return year after year in spite of the low pay, but also strive to grow and learn more each year in order to better serve their families. In the last eight years, only five home visitors have left the program. Though salaries are higher elsewhere, the home visitors prefer to stay with Head Start.

VI. The Home Visit

Home visitors usually work with parents, but they have also worked with grandparents, caregivers, and other adults. When parents do not work with the home visitor directly, plans are made to keep the parent informed. Families receive at least one scheduled visit from a home visitor per week. The usual length of time a home visitor may spend in a home is ninety minutes. Parents are expected to provide space for learning experiences to take place. They are also expected to use whatever materials they have available in their home for the various activities they plan.

While no specific curriculum is used, Head Start sets up an individualized plan for each child and parent it serves. The plan for the child is based on the Portage Guide and on parent input. Home visitors update the Individual Education Plan (IEP) each January. The Portage was selected so that the needs of younger siblings as well as preschool age children could be identified and that progress could be assessed at the end of year. Utilizing the test results and IEP, the home visitor assists the parent in setting monthly goals for his/her child. From these goals, parents are taught by the home visitor how to develop a weekly lesson plan for their children. Parents are encouraged to use items found in the home when planning an activity. Home visitors also introduce other resources in the community that parents might use such as the local public library. Goals set at the beginning of the month are regularly reviewed to see how the child is progressing.

Since parents are the focus of the program, the staff uses several specific tools with parents. Over the years the staff has developed a nutrition curriculum to use with parents. The staff collects nutritious recipes for use by the parents with their children. Once a month the parents plan and cook one of these recipes. Items from the home are used when available; otherwise, the home visitor brings in what is needed. When this activity is planned, usually the entire home visit is taken to cook the recipe and talk with the parent and child about the nutritional value. Also, home visitors will discuss with parents any family nutritional needs and refer them to WIC, the Food Bank, or community organizations that can help in this area.

The program also has a health curriculum developed around Head Start standards, needs of the families, and local issues. Lessons might include anything from fire safety and poison control to how to read a thermometer.

Last summer, a consultant helped Head Start set up a parenting curriculum to assist parents in their understanding of child development. The curriculum, made up of filmstrips and tape cassettes from Parent Magazine's American Guidance Filmstrips, covers a variety of topics related to child care and education. The curriculum is used every two weeks. The week prior to viewing the filmstrip, the home visitor asks the parent several questions related to the topic. She also asks the parent to think of things to do at home during the week. After viewing, the parent and home visitor discuss the subject covered. Home visitors and parents have indicated they find the curriculum interesting and very helpful.

When the home visitor makes a visit, the lesson plan forms are brought out from the previous week. This form has been left by the home visitor for the parent to fill in and use with his/her child during the week. The home visitor reviews the previous week's assignment with the parent, while the child engages in free play. The free play is usually something the parent has selected for the child to do while the parent talks with the home visitor. At this time, the parent explains what he/she has done with the child during the week or the parent may demonstrate the activity with the child.

Next, the home visitor goes over the planned assignment for the day. Here again, the parent is expected to take the initiative for planning an activity for her child. The activities are based on the child's monthly goals that were developed with assistance from the home visitor. Depending on the parent's experience and ability, the activity may be thought-out, planned, and implemented entirely by the parent. With new or unskilled parents, the home visitor usually has to provide more guidance and model appropriate activities. However, it is each home visitor's goal to assist parents to move toward developing and implementing the lesson plan on their own.

The home visitor discusses with the parent how the activity went and offers suggestions for improvement or additional ideas. She may also ask parents some questions concerning the activity to help them learn to evaluate their own practice. After this is done the parent is encouraged to decide what he/she will do next week with his/her child and asked to do these activities with the child during the week.

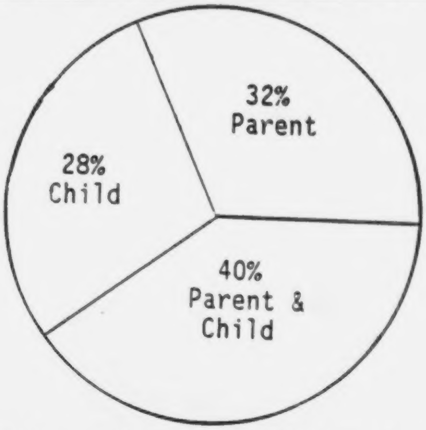
The home visitor also goes over child development information with the parent. This may be done by using the parenting curriculum or discussing a topic of interest or need. Menu hints, health tips, parent involvement, social service and/or center information also are shared before the visit comes to an end.

Each home visit is individually planned and implemented to meet the needs of the child being served. Since activities are selected from goals developed from individual testing and IEPs, no two home visits cover the same information nor are they presented in the same way. The fact that parents are taught how to take responsibility for planning and implementing activities also insures that each home visit will be unique. Home visitors are prepared to work with parents of various levels of skill and experience. Some parents may require more assistance in learning how to plan, select, and/or implement activities. In these cases, home visitors are ready with suggestions and questions to help parents assess for themselves the ideas that might be worth trying with their child. When home visitors do on occasion give the same information to all their parents, it is usually presented in a manner and time individualized to each family.

A. Home Visit Focus and Activities

The program's focus on parents was evident in all four home visits that were observed in the spring. As shown below, about one-third of total home visit time was spent on specific topics for parents and another 40 percent of time was taken up with activities of interest to both parent and child. Only 28% of home visit time focused on the child alone. Home visits ranged in length from one hour to one hour and a half.

Focus of Home Visit Activities



Child development was a major focus of parent activities. Home visitors reviewed with parents monthly goals that they had jointly set and discussed improvements or skills that required additional attention. Frequently, the home visitor praised the parent for his/her hard work and provided encouragement to continue doing activities with the child. One mother was urged to use daily routines with children as learning opportunities. In another home, the parent was asked to think of other activities with the child that might strengthen a particular developmental skill. Using materials in the home to make toys, such as using an old sock to make a puppet, was a topic of discussion.

In three home visits, parents selected film strips to be shown during the next home visit and listened to the home visitors' explanations of how the film strips would be helpful. For example, the "Games in your Head" film strip would teach the importance of "thinking before doing" as well as the value of imagination. Other film strips that were chosen included "Learning Away From Home" and "Safety."

Discussions with parents included concerns about younger or older children. A school-aged child with a reading problem resulting in grade retention for one year was referred by the home visitor to a remedial reading program that might rectify the problem. To help a younger sibling improve his verbalization skills, the home visitor suggested that the mother start to ignore his constant pointing when wanting something. In one home, considerable time was spent by a parent airing her frustrations about parenting and her uncooperative children.

A number of other topics were addressed with parents, such as upcoming program events, the children's graduation from Head Start, requirements for a physical examination prior to school entry, and a medical handout with a listing of local doctors. In one home, a nutrition activity was planned using rice. Together, the home visitor and parent made a list of needed ingredients and a grocery list, and did menu planning.

The program's emphasis on parents also was evident in the portion of the visit devoted to child activities. Two of the parents who were served by the same home visitor directed this portion of the visit entirely themselves. The home visitor was an observer rather than an active participant, and spent most of her time making notations on the record as part of the year-end assessment.

One of these two home visits started with the mother telling the home visitor about the plan for the day and the activities she would do with the child. She started with a lesson to teach the child the concepts of more or less and a little or a lot using checkers. The home visitor suggested an expansion of the activity by having the child count to 30. After putting the materials away, the mother showed the child a picture from a magazine and the two talked about camping and cooking out in the forest. A nutrition activity followed using cut out pictures of foods which the child put into the four major food groups. The child also was encouraged to talk about foods she liked and disliked. Next, the mother put on a tape of the story "My Friend the Sun" and read a library book on the topic. "What other things require the sun?" the mother asked. The child responded, "Mud...the sun dries up mud." The final child activity concerned safety, using a coloring book on the topic. Parent and child talked about where to go when the child is lost, discovers a fire, is sick, and so on. They also talked about safety related to boats, weapons, animals, poison, medicine, tools, and so on. Later in the visit, the mother suggested sit-ups and bicycling as gross motor activities for the child.

The second parent-directed home visit included five activities for children in preparation for entry into school: identifying cutout shapes, naming numbers, learning to recognize letters, spelling the child's name, and memorizing the child's address. Two musical activities were also part of this home visit: singing "Twinkle, Twinkle Little Star" and practicing a song the child would sing at graduation. A considerable amount of time was spent discussing a family pet, a baby opossum: what and how it was fed, and an upcoming visit to the vet to get it checked for rabies.

The second home visitor who was observed was far more involved in directing the child activities. The activities included a language activity in which the child looked at magazine pictures, identified what he saw, and identified shapes. Another exercise observed was designed to teach the child about opposites, such as standing and sitting or hot and cold. Self-help skills were taught by having the child set the table for a meal. Cotton balls, paper and glue were used as an art project to make the child's favorite animal. This activity was repeated in the second home visit, although somewhat differently because of a discussion about different textures. Child activities in the second home included: drawing a tree, a house, and a man; bouncing a ball; playing Simon Says; cutting out shapes and copying them; printing; reading; and spelling the child's name.

Home visitors varied in their use of in-home materials. Materials in the home were almost always used by the two observed parents who directed the child activities. Materials were brought by the second home visitor for about half of the child activities. Siblings were actively involved in all home visit activities.

In all four home visits there was active participation by the parents who practiced with the focal child or worked together on activities with the home visitor. Only one parent was not present for a small portion of the visit.

VII. Group Sessions

Three- and four-year-olds attend a socialization class three days every six weeks. The class is four hours in length and consists of planned activities, lunch, and a nap. Over the past two years, the staff has used the High Scope curriculum for their center program. Home visitors share with parents the information from the center about activities or observations of the children during the classes. Parents are encouraged to follow-up with their children on this information.

A group session for children was observed in the Spring. Fifteen children attended this four hour session which was led by three home visitors. The session started at 10 a.m. and offered a variety of activities for the children. Over an hour of time was spent outdoors in free play: children rode tricycles, pushed and loaded a wheelbarrel, exercised on climbing equipment, painted on an easel, played with containers and sand on the sandtable, played ball or walked on a balance beam. After washing up, the children had lunch. This took approximately half an hour of time. Afterward, cots were put down and children rested for about 45 minutes. Next, the children formed a large group and were shown pictures of farm animals by one of the three home visitors. Children were asked where they had seen each of the animals, what they eat, what sounds they make, and so on. This activity took up about 20 minutes. The activity that followed was somewhat improvised. The plan had been for a clown to come to the center to spend some time with the children. Unfortunately, the clown couldn't come. Instead, home visitors painted clown faces on the children. After this 20-minute activity, children joined in a large group to sing a song before putting on their coats and leaving.

Eleven younger siblings, aged one through three years of age, were taken care of by the Parent Coordinator, social service worker and one other Head Start staff member while the center session was going on. Siblings engaged in free play activities, such as: playing with dolls, a telephone, snap toys, books; doing puzzles; reading stories; and coloring pictures.

According to staff records, children participate in two groups sessions similar to the one described above. The third session usually is a field trip to such places as the Fire Department, the Children's Museum, a green house, a park, a pet barn, a beauty salon or a restaurant. All field trips are designed to expand the child's knowledge of the community. Frequently, the center session preceding the field trip is devoted to familiarizing the children with where they will go and what they will observe. For example, a session was held on fire safety right before children were taken to the Fire Department on a field trip. An upcoming field trip to a pizza restaurant was introduced with a session exploring objects with the five senses. The center session that follows the field trip often is devoted to children describing and sharing their experiences in a group setting.

No parents attended the group session that was observed because a separate parent meeting was held simultaneously. Some parents volunteer their services to help with the child group sessions except on this third session when parents and children meet in separate groups.

Seven parents attended the April parent meeting that was observed. The session was led by the parent coordinator and social service worker who alternated between the parent meeting and the younger sibling group. The parent meetings combine activities related to the program, such as graduation from the home-based program and kindergarten registration, with information of interest to the parent. Making candlewicks was discussed at this particular meeting. In addition, several people from the community made presentations to parents. A speaker from the Capital Area Training Consortium talked about employment and training opportunities and explained the training program. A lively discussion ensued with parents asking questions about the value of the training program, provision for child care and transportation, and payment for GED and/or on-the-job training.

This half-hour presentation was followed by a self perception exercise and discussion led by a social service worker from a local mental health agency. Each parent was asked to fill out a "How I See Me" form. Slowly, the worker got parents to talk about how they viewed themselves and how their feelings and reactions influenced their children. This approximately 45-minute session was interrupted by the arrival of a local dentist who came to talk with parents about dental care for children. Following the dental lecture and demonstration, parents asked many questions about what toothpaste to use, when to start brushing and dental care, and what a dental visit costs. The self-perception exercise continued after the dentist left, focusing on "Finding My Interest" and "Dependence in Life." The parent meeting closed with a reminder about the next meeting and the upcoming picnic.

Parent meetings are held monthly and may include speakers, a workshop, a field trip, craft activities, or discussions. Parents at these meetings are responsible for a different Head Start component and deal with any issues concerning that particular component.

Staff has observed and parents have reported that the content of some of the monthly parent meetings is redundant for second-year parents. This was verified by the social service/parent coordinator. She indicated, however, that certain training for all parents is mandatory. The program will address this concern next year by providing separate workshops of interest for second-year parents. First-year parents will attend the required workshops in a different room.

VIII. Parent Involvement

Parents are involved in the Head Start program in a variety of ways. Some of these include involvement in the Policy Council, participation in monthly center programs with the children, volunteering to babysit young siblings during parent meetings, and helping to care for the clothing cottage provided for the Head Start families by the program. Besides being involved with their own child's education through the weekly home visits, parents are asked to attend monthly parent meetings.

The Policy Council is made up of 17 members, 12 of which are parents. The rest of the membership consists of community representatives such as past Head Start parents, local ministers and people from local community agencies such as social services or mental health. The number of community representatives cannot exceed the number of current parents.

The council and director work together to design policy for the program. The council has decision-making power to make revisions in the program, participates in the grant and budget writing process by reviewing drafts written by the director, and approves or disapproves of any such written documents. Policy Council members also have input into hiring and firing of staff.

The program also hopes to expand parent participation in working with the children's classes at the center. More assistance will be given to help parents prepare for the class by providing parents with a pamphlet prior to the class. This pamphlet explains daily routines, child behavior, ways to handle problems, ways to extend and expand a child's learning experiences, and ways parents can serve as classroom resources.

This Head Start program encourages parent participation. All of the staff members have commented that they have seen parent involvement increase greatly since the program switched from a child-centered focus to a parent focus. The Head Start program plans to make efforts to further increase parent participation by creating a parent center in the basement next to the babysitting room for siblings. The purpose of the room will be to encourage parents to come to the center to gather and share information and talents such as craft classes led by one of the parents.

IX. Parent Outcomes

The staff had many anecdotes to share about parent successes. One story was told about two parents who were attending a parent conference out of town for the first time. These two mothers were looking for a drink machine in the large and fancy hotel they were staying in. Unaware of where they were, the women proceeded down the stairway into the busy lobby area dressed very informally with their hair in curlers and hairnets. When they realized where they were, they turned and retreated quickly back up the stairs. Since this time, one of these parents has gone on to be a member of the local Policy Council, serving two years as an active parent, and eleven years as a community representative. This parent laughs at this story of the first time she spent a night away from her home. She has demonstrated impressive growth and increased in her competence. Not only has she served on Policy Council, but she has also participated in parent workshops at other conferences.

Another parent with financial difficulties worked with a home visitor this year in helping two other parents. These three women lived in an isolated rural area of the county. Although this parent was experiencing money problems, she was very confident and verbal. The home visitor provided an opportunity to build a support system between this woman and the other two. This first parent seemed to have the ability to cope in spite of her situation. The home visitor worked with the three women as a group each week in addition to her weekly home visit. The strong life coping and parenting skills of the one mother began to influence the other two parents. In one of the two homes, the house was literally falling down on one side and snakes had taken up residence in the home. Because of the support group and its encouragement, the parent worked to have the house condemned and found another place to live. Previously, both of these parents felt hopeless and accepted their living situations as they were.

One of the workers hired two years ago entered the Head Start program as a parent. When a position was created for an aide/driver, this parent applied and got the job. The parent tells how uncertain she used to feel prior to being in the program, but with the help of her home visitor and the rest of the staff, she began to feel more confident. Realizing she enjoyed children, she decided to apply for the position with the program. After she started, she said it took a while to become comfortable and feel that she was able to do the job. The staff worked with her to help her become more familiar with the Head Start program from a staff member's perspective. Today this parent continues to grow and is doing more and more to assist in various aspects of the program. She speaks highly of the program both from a parent and worker perspective.

A former Head Start mother had immigrated to this country five years ago from Vietnam. This mother, who was shy, retiring, and spoke little English only a few short years ago, volunteered to be a room mother for her son's class. This is no small task for any parent with a child in an elementary grade. The job requires lots or parent-to-parent contact via phone calls, notes and other means. Both the mother, her husband, and their two elementary age children attend Parent Teacher Association (PTA) meetings. Many Asian families do not participate in PTA and do not volunteer to work in their child's class but the program helped prepare this family to connect more closely and effectively with the public school system.

Many stories of quiet and withdrawn parents going on to serve on the Policy Council or participating in group activities with their peers have been shared by the staff. In fact, one mother with five children spoke at a Policy Council meeting at the end of the year during a discussion about the Women, Infants and Children (WIC) program. Though she had not spoken up during a meeting the entire year, she now asked the council why WIC could not reinstate baby food. This motivated others to question this as well and resulted in the council contacting WIC. The council invited a representative from the state level to come and speak with the Policy Council about this suggestion. Later this parent said she never said anything before because she was afraid of being laughed at, but from now on she would give more input at the meetings. These and other examples are good indications of the positive influence Head Start has had on the growth and development of its parents.

In spite of the many success stories, there are some situations where neither the home visitors nor the other staff members are able to help a family or parent. Substance abuse is cited as the most significant factor in preventing the program from being helpful. One typical example was that of a parent whose husband was an alcoholic and was abusive. After eight months in Head Start, the mother finally went to a spouse abuse center. Families such as these seem to have to hit "rock bottom" before they can change.

The home visitors are often frustrated even though they have received training in substance abuse. They can encourage an alcoholic or drug users to seek support, but can't make a family face the problem until they are ready. Home visitors and the staff do try to help spouses identify how much abuse they will take before they will draw the line. When families begin to share some of this with the home visitor, then they begin to see some progress. The one thing the staff does know is that these families are the most difficult to deal with and take the most time to work with if any change is possibly to occur.

X. Home-Based Policy

Some of the plans for the immediate future of the program have been mentioned such as the parent room, programs for second year parents, and plans for formalizing parent involvement in monthly center-based activities for the children. Other future plans include increasing the center-based programs for the children from three days once every six weeks to four days once a month. In order to do this, it will require an additional classroom, another van, and another family aide. Also, it is hoped that socialization classes for children who need extra social experiences can be expanded.

Another goal for the program is to have home visitors get their CDA. At present, only one home visitor has her CDA. Plans to continue increased knowledge of social services by the home visitors is desired. At some point it is hoped that the program can hire a counselor who is trained to deal with personal issues of parents and families. One last area the program would like to move toward is that of making a change in nutrition in the center. Individual hot lunches are now received through the public school. The program would like to have the meals served family style. This will take some time to get accustomed to by both the home visitors and the children.

At one point in the program's history, children could be enrolled for as many years as the parents desired. Now the value of the child returning for another year is considered. The primary consideration here is the child's need for another year of services. There is another concern that needs to be considered and that is the parents' need to return. It takes three to four months to build a trusting relationship with parents. At the end of the first year, parents are often just beginning to share needs with the home visitor and participating more fully with their child. Home visitors found that in the second year, parents feel more comfortable and cooperate more often. Also during this second year, the program has an opportunity to more deeply address issues in the family. However, the director feels that the expenditure of tax dollars for any returning second year family should be justified in writing. Head Start should not only recognize parents who grow and succeed, but also identify families that are in need of an additional year for developing skills and abilities.

The question of who should be counted for services, the child or the family, needs to be considered from both perspectives. Since each family could easily have more than one eligible child, determining a reasonable number of children for a home visitor to work with on a weekly basis is important. Twelve families per home visitor seems an appropriate number for a home visitor to be assigned. Having 12 visits in four days comes down to about three visits per day. Home visitors seem to be able to handle this number comfortably unless there are children in the case load with special needs; then, fewer families would be more reasonable. This year, home visitors who had thirteen families felt burdened.

The ideal amount of socialization for home-based children seems to be four half-days a month. Half a day (four hours) works best for the parents and the program. This gives the children and home visitors enough time to work on activities and experiences. This also allows the children to have a hot lunch and a rest time.

XI. Interpretations and Conclusions

It is obvious that the Head Start program has undergone many changes in the 18 years it has served children and parents in this County. Though most changes created new directions, the single most influential change was that of a philosophical change from working directly with the child to helping the parent learn how to teach his/her own child. This concept has not only helped to improve parent/child relationships and increase learning opportunities for the children served, but also it has assisted parents in their own personal growth. Home visitors and parents alike believe that the growth parents gain in their skills and abilities to work with their children is carried over to create a more positive self-image. In turn, parents feel that this sense of self esteem provides a positive model for their children and other family members. Many families who have viewed themselves as hopeless victims of their circumstances begin to feel empowered to change their lives and the lives of their children once they become involved with Head Start and other Head Start parents.

The growth of the program has also seemed to affect the needs of the staff. Home visitors seek out more and more information to help them serve their families effectively. They have taken on a different view of themselves. They see themselves as having a positive impact on the families they work with during the year. Home visitors also have increased in their sense of self-worth. This has been a motivating force for them to seek to become more knowledgeable in their position. Along with this view, though, home visitors have also seen the importance of developing a trusting and genuine relationship with the families they serve.

Change and growth appear to be the major themes of this Head Start program. Staff and parents have become more independent and more eager to learn. Each year, the staff increases its knowledge base and skills in working with families and parents. Parents have begun to ask for more appropriate services (for example, a different program for second-year parents). Parents have also begun to see the value of a mutual support system, especially between first- and second-year parents.

It is recommended that the growth in support of parents continue. Some of the ways in which the program might consider doing this is to provide monthly parent programs that deal with deeper issues, especially for second-year families. Hiring a trained parent educator would be helpful not only in presenting appropriate class sessions but also in working with home visitors to link the content of the parent meetings and the home visits together. Second year parents should continue to serve as mentors to new parents and develop support systems for new parents. Neighborhood area meetings or socials might enhance parental support groups. This might especially help ESL families who are not always comfortable coming to the center.

The program would like home visitors to seek a CDA or Early Childhood degree. However, it must be said that the degree of skill called for to be a home visitor and the type of training necessary to be effective in this role are far greater than the salary. Head Start at the federal level must consider greater financial compensation for the home visitors who help the families grow and change.

Finally, it is recommended that this Head Start not only continue its growth but also seek support for the staff as it provides help to its families. Home-based programs are extremely demanding, not only in time and effort but also in emotional expenditure. Since many of the families served are "high crises" (for example, alcoholics), it is beneficial to the program to develop effective communication and interpersonal relationship skills. Such training and support should include the federal program director, the director, home visitors, aides, health/nutrition coordinator, social service/parent coordinator, and support personnel. The support received through this training would not only help maintain positive interpersonal relationships but also help home visitors and staff learn new ways of working with families under stress.

VERMONT

A HOME-BASED ONLY PROGRAM

I. The Program and the Setting

The Vermont Head Start site, with central offices located in an urban area, provides home-based Head Start to children and families in three counties in northwestern Vermont. The entire area covers about ninety miles from the Canadian border south and has a population of 179,728. The program is funded to serve 216 children, but the year's actual enrollment was 210.

The geographic area covered is a mixture of urban and rural areas. Four of the eighteen home visitors cover the two urban areas. In these locations, families may be just five minutes away or within walking distance from the center. Housing developments and particular streets which have concentrated pockets of poverty provide opportunities for recruitment. These two urban areas have the most social services available to families.

The program sees a greater need for its services in rural areas for several reasons. First, there are fewer services available in rural areas than in the concentrated urban centers. Second, housing is cheaper in the north and more rural areas, attracting more low-income people, however jobs are more scarce. Third, the program has found that there are more identified handicapped children to serve in one rural county due to the lack of services, particularly prenatal care, and due to the fact that many parents don't seek services for their children. Parents have not been exposed to the services available and to information for early preventative care for their children because services are quite spread out and difficult to access and because there is a lack of available public and private transportation.

The furthest distance between families served by the program in these rural areas may be 30 to 35 miles. In serving the rural area, the program is unable to have one central site. The program has three offices for home visitors, each located within one of the counties served, and one central office for the Director and Administrative Assistant, located in a central city. Space is a critical issue within the program, and staff often complain about the difficulty in finding spaces for group socializations and parent meetings. Locating space takes a great deal of staff time. For group sessions, home visitors rely on community resources, utilizing churches, recreation halls, an American Legion Hall, playgrounds, libraries, occasionally some schools, and often parents' houses.

II. The Home-Based Option

The home-based option started in 1974 with 20 families in the central city and gradually increased over the next five years until 1979, a transition year for the program. That year, 104 families were served under the home-based model, and 110 received services through a "Variation-in-Center Attendance" model, with children at the center two days per week and families receiving one home visit per week. In 1980, the entire program switched to the home-based option.

The home-based approach was first tried due to staff and program administrator's concerns. Finding space for centers was an ongoing issue; it was difficult to find space that would meet licensing requirements and still be affordable. Travel was also a problem in offering a center-based program. The program then served families on some islands and was so spread out that a center program was almost impossible to offer. At one point, twelve centers were operated.

These contributing factors and financial issues over several years finally prompted the program to consider an all home-based approach in 1980. The priority of the Policy Council was to continue to serve the same number of children while faced with rising costs. They did not want to reduce the number of children they could serve and found that after several years of offering the home-based option within their program, they had clear-cut evidence of the benefits of this approach. The Director states that this evidence of effectiveness was the key to their decision to become an all home-based program. Assessments of the different approaches showed that parents in the home-based option showed more gains than parents in the other models. Parents displayed more knowledge of what their children were learning and more awareness of what they wanted to learn. In addition, children gained in self-esteem. Home-based parents were more involved in the program and knew more about the goals they and the program were trying to achieve. Believing that the goals that the Head Start program was trying to achieve were being met more successfully in home-based Head Start, the Policy Council decided to move to an all home-based approach.

Initially, there were mixed reactions to this change. Some families felt it as a loss, and said, "Give me back my center." But, even the "diehards" saw the benefits of the home-based approach over time and said they wouldn't go back to a center-based approach. The goal of empowering parents to work with children was effectively being achieved in the home-based program.

The program is assessed each year with the input of staff and parents, and areas of need are addressed on an ongoing basis. There is a Planning Group, composed mainly of staff, which parents are encouraged to attend. Changes have occurred in staffing patterns, in curriculum development forms used by the program, in the number of children served and in the level of parent involvement. These changes have centered on developments in the approach or methods used to continually improve the services offered.

Staff members express mixed feelings about which families may be most appropriate for their program. While all types of families could benefit from their services, the federal guidelines dictate which families can be offered services. Staff feel it is difficult to measure which families benefit more from the program and it is also difficult to compare how much change is occurring between families. Ideally, the directors and supervisors feel that those families who are at the point of wanting to learn and change with the support of the program will develop quickly and, therefore, they will be the ones to benefit most from the services offered. There may be some families who need something other than Head Start, such as mental health services. Even these families can experience some positive effects. The program does screen out families who are already receiving many other services because of the feeling that Head Start becomes inappropriate when there is too much overlap in services. Also, these families have been the quickest to drop out.

The program staff feels that most families (except those just described) are appropriate candidates for home-based Head Start and recognizes that the degree of success will vary among families, being more ideal with those families undergoing less crises. They offer a broad range of services through their own program and they feel "something will click," even if it is not immediately. The program gives direction to its families, and the effect may not be evidenced or felt until after the family leaves the program. Some parents have told the program staff that they didn't think Head Start did them any good at first, but after they had been out of the program for a time, they noticed the benefits.

III. Staffing and Staff Characteristics

This year has been a transition year for some staff because the staffing structure has changed. Yet, overall it has been a good year with good feelings among staff. Members of the staff know they are doing a good job and are proud of the program. They recognize that their program is a quality program and know they worked hard to get that quality. Supervisors say that they have been impressed by what they see on home visits they observe and in the paperwork they monitor.

Staffing changes resulted when supervisory positions were reduced from three to two. Previously, there was a county director for each of the three counties served by the program. This year, the positions were combined into two supervisors who share the overall supervisory responsibilities for all three counties. This change has affected some staff. Some home visitors have experienced stress due to the lack of daily contact with a supervisor who serves as a sounding board to discuss problem situations or to help in processing problems. The two supervisors see the need to build in more daily contact/support in the future. They also recognize that some staff have just been testing the supervisors, one of whom is new to the position this year.

The socialization structure has also changed this year. The program began implementation of a new part-time staff position, group coordinator. Group coordinators have been responsible for planning and implementing the socializations which were increased this year from one to two per month. This position was created as a result of feedback from staff that the increased workload of twelve families made it too difficult to also be responsible for socializations. Past Head Start parents were offered the positions. Approximately mid-way through the year, all but one of the parents resigned. They experienced difficulty in setting up socializations, because they didn't know the community and lacked organizational skills. Having limited communication skills, the parents experienced trouble in dealing with problems and often let problems build to the point where they were ready to quit, rather than ask program staff for help in funding solutions. These same parents now feel the program should continue these new positions, and find ways to better support those hired. The positions are still in the planning stages for the following program year, but the director feels that they will probably continue with two socializations per month and hire someone other than home visitors to be responsible for them.

Statistics on home visitors include the following:

Total Number of Home Visitors: 18

Home Visitor Education:

Some past high school	6
College degree or more	12

Training:

Home-Start training only	--
University training	--
Private contractor training	--
Both Home Start Training and any of the above	18

Years With the Program:

New to the program (first year)	2
In their second year	3
In their third year	1
In more than their third year	12

Number Who Have Or Have Had A Child In Head Start: 7

Average Number of Families Per Home Visit: 12

IV. Families and Selection Criteria

The program serves a wide range of eligible families. Families may be welfare recipients, working poor, families in crisis, limited skill parents, or families who are fairly intact but just need a little support. In the urban areas, there are more welfare families in the program. More farm families are served in the rural areas.

Some basic statistical information about families in the program for the study year include:

Number of Families Enrolled: 195

Racial Composition:

White	97%
Asian	>1%
American Indian	3%

Family Composition:

Two parent families	63%
Single-parent (mother)	35%
Single-parent (father)	1%
Neither parent present	1%

Family Size:

One child	96%
Two children	4%

Median Income: $ 6,999

Geographic Distribution:

Central City	23%
Rural Area	77%

Other Family Characteristics:

Live in isolated area	72%
Have multiple family problems	33%
Receive welfare	59%
Are over income	9%

If families are receiving a lot of other services or are involved with many other programs, this Head Start program generally does not select them. The feeling is that there can be too many programs in and out of a family's life, further confusing a family who may already be confused and chaotic.

The Policy Council and Head Start director predetermine the actual selection criteria as well as the areas of recruitment, based on a needs assessment of the entire region. The caseload for the Home Visitors may change from year to year, based on where the children are geographically located.

Children may be selected for a second year in Head Start. The parent/child needs are carefully evaluated to determine if they truly can benefit from another year in Head Start and if the program can offer what the family seems to need. The criteria for selection for a second year are:

a. Low self-image of child and/or parent is evident and another year of Head Start is thought to strengthen/impact self-esteem.

b. Parent/child interaction needs continued work, and Head Start intervention is thought to improve this area.

c. Parenting skills need further improvement.

In order for families to be considered for a second year, there must be a recommendation from the home visitor already working with that family (and/or an other agency involved) that the family needs another year of Head Start intervention.

Selection of over-income children benefits the overall program by integrating a variety of children. The program meets the needs of the lowest income families first, but the working poor often do not receive services because they are just slightly above the eligibility criteria for many services. Examples of families that fall into this category are divorced parents and parents with mental health needs.

V. Home Visitors

The program looks at a variety of qualifications in hiring home visitors. While a degree which may be in human services is beneficial, it is not a requirement for being hired. The program has found that experience and credibility are the keys to a good home visitor. The program looks at experiences the candidate has had with families as well as children and at their past work with people in general. Experience in daycare may be helpful. Candidates should know the community and its resources. The program examines a candidate's past levels of responsibility and ability to work independently, under what type of supervision they work best and experience with recordkeeping and report preparation.

Probably the most critical criteria is an applicant's attitude: What does the candidate think the role of parents should be? What are the candidate's goals? What does the candidate see his/her role to be?

The availability of qualified staff depends on the area. In the urban area, there is a plethora of available applicants, while in the more rural areas it is difficult to recruit qualified people. Parents are considered for positions; the director and one of the supervisors were past parents in the program, and currently there are seven home visitors who were parents. This year, parents were hired as part-time coordinators to organize socializations.

Training of home visitors depends on how many new staff are hired each year. Pre-service training is mostly geared to returning staff, yet new staff also benefits from this week of training. The program previously used the Parkersburg, Virginia Home-Based Core Training Program, but this is no longer available since the federal government stopped funding it. Currently, training is done in-house by the two supervisors and "Level 3" staff (the veterans of the program), utilizing and adapting the Parkersburg Model. The director feels a week's orientation is not necessary, so they concentrate on a short orientation of a few days, then send the new home visitors out into the field immediately. A supervisor accompanies a home visitor on an initial home visit and then schedules more meetings and training as needed. Throughout the year, individual needs of new staff are addressed as necessary through further training and referrals to other training resources. The turnover rate for home visitors is very low. Supervisors meet with and monitor the work of their home visitors on a weekly basis.

VI. The Home Visit

Home visits are held weekly with each family and last approximately an hour and a half. Thirty home visits are scheduled during a given program year, but a minimum of twenty-six must occur. If a home visit is cancelled, it is rescheduled for another time or the home visitor holds two visits back to back.

A developmental curriculum is used by home visitors. It covers a series of topics that the program feels parents should be knowledgeable about in order to be effective and have children learn. (An outline of the curriculum is presented in Exhibit 1.) The main focus of the curriculum is on parents and on involving them in their children's education through planning, practice, and problem solving. This process is viewed as more important than covering the actual curricular topics because staff feel that it empowers parents.

234

Topics are introduced to all families in similar sequence. Home visits are individualized, however, to suit the developmental stage of each child. The parent is expected to plan an activity that relates to the topic based on what the parent sees the child is learning and what the parent knows is fun for the child. Furthermore, the home visitor and parent examine child and family needs and modify the curriculum to address those needs. For example, a topic may be introduced out of sequence if the family has a particular need or problem, or three or four topics may be grouped together for a family that has reached a point of success in a certain area.

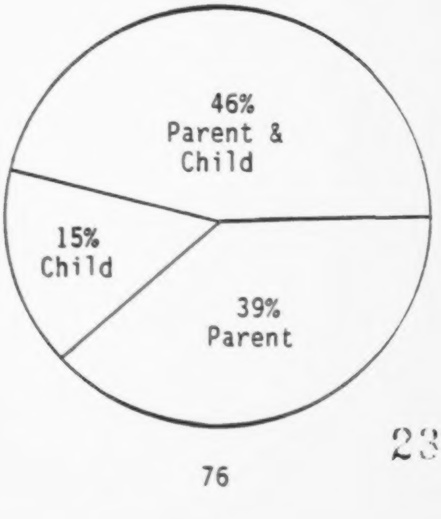
Parents receive booklets with information and questions about each topic covered in the curriculum and plan activities with the help of home visitors. At the beginning of the year, the home visitor may do a great deal of leading and actual planning of activities. Gradually, parents take on more responsibility until they often take the lead in the planning process at the end the year. An initial introduction of a topic occurs two weeks before it will actually take place. Parents are given time to think about the topic and to come up with ideas for activities. The next week the topic is again discussed and the activity for the following week's home visit is planned. Follow-up with the parent and child occurs on the fourth home visit. There are thus two stages of planning: one for next week's home visit activity and the other involving general planning for two weeks in advance. Each home visit has four components: parent involvement, parent education, child education and follow-up (see Exhibit 2 for home visit No. 21).

This four-pronged approach to activities was evident in all four home visits that were observed in the spring. One home visitor provided one of the parents with handouts as part of the visit on week number 22. One handout was designed to help teach personal safety to the child, while the second one was entitled "Place and How Space is Organized." Following a brief explanation by the home visitor about why these concepts and skills were important, the parent was asked to review the handouts during the week, think about the topics and come up with ideas for appropriate and fun child activities. A plan was made to use puzzles the next week to reinforce the child's reasoning skills, a topic introduced the previous week. This portion of the visit was aimed at strengthening the parent's education skills, in this instance, in areas of health and child development.

The parent involvement component of the visit involved follow-up on things the parent and child had done concerning the previous week's child education topic, "Your Child and His/Her Relationship to Your Community". Two child education activities were called for in the curriculum: the preparation of food using milk (nutrition) and the reinforcement of the child's imagination (child development). The activities chosen by the parent were making vanilla pudding with strawberries, playing a game of charades, and making animal sounds and discussing what the animal looks like.

The program's emphasis on parents also was evident. As shown below, for 85% of the visit, the parent either was an active participant in what the child was doing or spent time with the home visitor on activities specifically designed for adults. Only a small portion of total home visit time was focused exclusively on the child.

FOCUS OF HOME VISIT ACTIVITIES



A. Focus of Home Visit

Almost half of the time spent with parents was devoted to planning future home visit activities or following up on what the parent did with the child to reinforce a particular skill. During the visit, parents frequently worked with their child and, from time-to-time, practiced a particular activity with the home visitor.

Approximately ten different activities occurred during home visits. Typically about one-third to one-half of the visit was devoted to helping the child acquire basic skills. In home visits that were observed, the children engaged in sorting and matching tasks; they practiced concepts of same and different, in and out, around and through, learned to differentiate colors and sizes; and they spent time on letter and sound recognition. Other child-focused activities observed included seasonal projects to teach the child about spring, seeds and planting; story telling, poems or songs; and fine motor exercises such as making cutouts, pasting them on paper, or drawing pictures. In one home visit, the main activity involving both parent and child was snack and food preparation, with discussion about foods that are good for you and the importance of washing your hands before meals or handling food.

Most child activities in all four home visits relied on materials brought by the home visitor as well as materials present in the home. Little use was made of household items or home-made materials as teaching tools.

Aside from devoting a considerable amount of time to home visit planning and follow-up, home visitors covered a wide variety of topics with parents in the four home visits that were observed. Discussions concerned: day care and kindergarten registration, assessment of child skills and accomplishments, how to deal with a behavior problem of a sibling, medical and dental appointments to be made, cooking projects, referrals to social services agencies, financial problems and reminders about upcoming group activities.

B. Individualization

Parent-focused activities varied considerably from family-to-family, particularly in portions of the visit that were not specified in the curriculum guide. The strong emphasis on parental planning of home visit activities made each visit different.

The parent's role in planning also promoted variation from home-to-home in the child-focused activities. For example, "sameness and differences" was one of the topics of two home visits. Both parents were given handouts that explained that "helping the child determine when things are the same and when things are different from one another is an important pre-reading skill." In one home, the child was asked to identify same and different pictures and to tell how she knew they were the same or how they were different. In the next home visit, the same topic was covered in several different activities. This child started out with a sorting task using an assortment of household items such as buttons, screws, etc. After the items were properly sorted into bags, the child looked at pictures of different shapes and explained how they were alike or not alike. Finally, the child played a game of animal dominoes as another matching exercise.

In three of the four homes, siblings were present and participated actively in child-focused home visit activities. However, no special activities for siblings had been planned or occurred. In one family, the home visitor and parent worked with two children on separate activities, each adult taking turns with a child.

C. Records

Fairly extensive records are kept on each home visit. A form is completed at the end of the visit which lists activities undertaken for each of the four components, the objective of these activities, what happened, how parent and/or child did, and any follow-up activities for the parent and home visitor. This follow-up might include notes about medical appointments to be made or special handouts to be brought to the visit to meet a particular family need. The completed form is reviewed and signed by the parent.

VII. Group Sessions

Group sessions had been organized about once a month, however during this program year two activities per month were planned. They were designed to stimulate parent involvement in the program, to offer training on child development topics to parents, and to provide children with socializations --opportunities for the children to be with other children. Sessions typically last two hours. Input on group sessions is obtained from parents in the Parent Center Committee which meets monthly. Transportation is provided by the home visitors and absorbs a considerable amount of staff time in this rural site.

Most group sessions involve both parents and children. Typically, parents and children spend the first portion of the session apart and then join together at the end. A specific topic related to the home visit curriculum is usually addressed in the parent meeting by an outside speaker. This spring parents had an opportunity to see a movie on child development and behavior, and to listen to lectures about first aid, safety, and how to talk to their children about strangers. Program guidelines and performance standards require that at least three sessions are offered to train parents on a child development topic. Lectures usually are followed by a question-and-answer period or an informal discussion. From time to time, parents meet to listen to reports from the parent policy council or to help plan future group meetings.

While the parents meet, the home visitor involves the children in classroom projects or supervised free play. According to staff reports on group sessions held this spring, the organized activities included: a ring toss game; listening to records or songs, and a language felt-board story; drawing pictures; dramatic play; making necklaces, bracelets, and Valentine cards as art projects; and playing games such as Simon Says, Musical Chairs, Duck Duck Goose, and Tisket a Tasket. During periods of free play, children have a rich variety of materials or activities to choose from. They include jungle gyms, blocks, books, puzzles, manipulatives, toys, paper, crayons, and so on.

Parents join their children in the classroom after the parent meeting to observe their children and to participate in classroom activities.

Frequently, field trips are organized for the groups and two were observed in the spring. On the field trip, the home visitor accompanied four parents and their children to the public school in preparation for the children's entry in the fall. They toured the school and visited the classroom. Parents had an opportunity to meet with the school principal who talked to them about school policies and expectations and responded to questions. While the parents met, the children went outside with the home visitor to spend time on the playground. The second field trip was a visit to the fire station, where a firefighter showed the equipment and let the children climb on the truck. A trip to the park for some games, a snack and a picnic concluded this outing. This field trip was attended by six children and their parents. The program's group coordinator provided transportation for the families in the Head Start van.

Other field trips this spring which were not observed involved a walk to the post office to mail the Valentine cards that the children had made, a visit to the police station, trips to a Vermont Sugar House and a sheep farm, a movie and art show at the library, and an outing on a sled, followed by snow paintings using food coloring.

According to the staff reports, participation in group activities is problematic, particularly in some counties. One county has better parent training attendance than the other counties served. A variety of techniques are used to try to increase parent participation. To attract more parents, whole day events with lunch have been tried. Social outings are seen as important ways to get parents involved. Sometimes meetings and training sessions are combined.

Staff feel that parent involvement depends to a large extent on the type of family that is served. More middle or higher functioning families are "goers," able to get out of the house more easily. In contrast, attendance is more of a problem for very poor families who struggle with everyday life. These parents lack time, energy or interest in becoming involved. Yet the program makes every effort to get those families involved and to provide them with maximum program benefits.

Parent involvement in the Policy Council, as well as in the Health Services Advisory Committee, has decreased in recent years. Contributing factors are a change to daytime meetings, a lower level of interest on the part of parents, as well as the distance that policy members must travel to attend. The director feels that holding more local meetings would encourage greater participation. This approach was tried some time ago when three separate Policy Council groups were formed, one in each county.

However, this council formation was not acceptable to the Head Start regional office.

VIII. Parent Outcomes

Perhaps a strong testimony to the success of this Head Start program in the lives of the parents it serves is the sheer number of parents who have decided to pursue a professional career. Seven home visitors are past parents, and the director and supervisor are also parents who have been in the program. Two present and one former parent were hired in the new position of group coordinator for socializations.

When the current Policy Council chairperson, who has served on the Council for two years, started on the Policy Council, she was extremely shy and lacking in self-confidence. She would not speak out in the group, but would whisper her thoughts to the director. As she was encouraged and supported, her confidence grew to the point where she assumed the role of Chairperson. She also had a goal of continuing her education, but didn't know how to achieve that goal. Head Start helped her with scholarships and financial aid, so that she has attended the Community College of Vermont for three years, part-time at first, then full time. She also teaches her own child at home, believing the public school can not appropriately meet her child's special needs.

A parent who was first involved in the center-based aspect of the program, then the home-based, has been active in the program for many years. She gives credit to Head Start, stating "If it wasn't for Head Start, I wouldn't have gotten anywhere." She worked on her schooling and ultimately graduated from college.

A group of parents organized themselves to work with the school systems in two towns on kindergarten issues and were able to influence the system and get their needs resolved.

Another parent, Lisa, who stays in touch with the director, recently wrote to the director relating her growth and successes in the recent past, attributing a great deal of her development to Head Start. She invited the director to attend her high school graduation because, in her words, "I would feel honored if you, who gave me confidence in life, would attend. You were one of the few people who I felt genuinely cared." Lisa has taken some further courses and is currently working on a college degree to meet her career goals.

One parent, Tammy, felt so strongly about what she gained from the program that she, too, wrote a letter to the director describing how Head Start had impacted on her life. In her words, "It's great if the parent or parents get involved with their children's work. I learned to talk to my child at her level. I myself got to learn more about the program. The home visitor helped me and my daughter learn to work together and understand each other."

There have been some parents with whom the program has not been successful. The staff attributes this, in part, to the limited communication skills and experiences of parents. Often, the home visitor isn't told of a problem or the reasons behind it until it becomes a crisis and/or the parent just drops out. Other times, the family situation may be just beyond the capabilities of the program to resolve. For example, one mother with very limited skills, and perhaps borderline mental retardation was involved with Head Start as well as several other programs. She was very isolated socially and had a husband who controlled every interaction she had with the outside world. She had a revolving door involvement with several different social service groups and couldn't organize her time in order to be present on a regular basis for home visits. She had difficulty reading, often didn't know one day from the next and couldn't remember the home visitor's name. The program felt it could not make an impact on this woman or her family. The family needed much more intensive services than Head Start could provide.

In another family, where the mother was physically-abused and controlled by her husband, the home visitor and the mother were forced to meet at a local elementary school. Often, the woman had difficulty getting out of the house for the home visit and eventually she ended up dropping out of the program. Head Start was very concerned about the safety of the home visitor throughout this involvement and the ultimate safety of the woman, although the program was powerless to do anything more.

In one case, the program enrolled a family where the mother just did not interact with her child and would continually miss home visits. The father worked on the assignments between visits and tried to be involved in the home visit. He had difficulty being available because of the hours he worked on a farm. The situation was extremely frustrating for the home visitor, who felt the mother wanted day care but opted for Head Start because she couldn't afford anything else. Eventually the family moved out of Head Start's area of service.

Overall, the program staff feel they have been successful in making a difference in the lives of families they serve. Parent evaluations of the program show the home visits are "a special time for parents -- a time they could set aside for their child." As a current parent wrote, "I believe this program is fantastic, and I hope it never closes, that it always continues. The fact is that no matter how few children are reached, it's a great impact not only for the home visitor but most importantly for the child and the parent or parents. I'll never regret the few hours I put into this -- never."

A current project in the area is working with low self-esteem parents, many of whom are former Head Start parents. The study has found that Head Start has made a difference with the families it serves by positively affecting their self-esteem.

IX. Home-Based Policy

This Head Start Program has two future goals: more community involvement and more public school involvement, primarily in the transition from Head Start to public school. These goals would involve working with parents to help them become more involved with the schools and also working more closely with public school sponsored preschool handicapped programs. The program feels that the public schools need to know more about Head Start and its successes and thinks the public schools could become more successful by incorporating more of the Head Start Model. Schools also need to value parent participation.

The program expects to receive more information about their enrolled children entering the public schools and expects parents to receive information on how to get involved and participate in decision making at the public schools. Many parents had negative reactions to public schools from their own school experiences and Head Start would like to serve as an icebreaker, creating the way for something new and good to happen. In the words of the Director, "If we can get parents to see that what we're doing is good and works, they (parents) can begin to advocate for themselves in school."

The Head Start staff realizes that there is still room for improvement in the school system. Schools are regimented and have yet to learn what families' needs are and how to impact on them. The Head Start staff also worry that children are being pushed into academics at an early age.

This Head Start program does not deny a child access to a second year in Head Start. However, the program looks very closely at the reason why a family may need continental services. (The second year criteria state there must be evidence of low self-image, need for improved parenting skills or that the parent/child interaction still needs improvement.) If a family is functioning well, staff feels they don't need to continue in the program. The curriculum design expects parents to do more of the planning over the year as they become more involved. The staff tells repeating parents that they will be doing the same topics and areas, but a higher level of involvement and planning is expected with different activities geared to the developmental level of the child. However, the parents are clearly informed that they may need to repeat some skills. The program believes that families who need to repeat a year may be quite limited and would benefit from repeating these same skills and topics.

The issue of whether the program serves the neediest families has been a source of difficulty. Although the program (and other agencies in the region) believes it is serving the neediest, program evaluations conducted by the regional office have questioned this point. The apparent source of the discrepancy is the improving parent involvement and decreased poverty of the families involved in the program. The failure of the regional office to see this as an indication of success rather than noncompliance is frustrating to the program staff.

The program staff believes that all family members should be included when counting participants for program evaluation purposes. As a parent-focused program, the program is concerned that the current method of only counting children served does not adequately reflect the amount and kind of services being provided. Nevertheless, the program is aware that its funding is based upon numbers of children served.

X. Interpretations and Conclusions

The Vermont program management expressed many concerns and frustrations related to existing and proposed regulations and to regional and federal oversight of their program. In summary, the concerns are that expectations and requirements do not take into account the needs of their state and its people. The specific concerns are as follows.

A. Rural Program Needs

The program believes that both the new regulations and the oversight agencies are insensitive to the needs of rural programs. They cite as evidence the lack of recognition in the regulations of travel time and transportation problems as they relate to socialization requirements and minimum service time requirements. Specifically:

1. Socialization requirements -- The new regulations require a significant increase in the number of socialization experiences and the length of time for these experiences provided by the program. The program believes that regulations concerning socialization should take into account the varying needs of the children of different ages involved and the transportation needs of rural programs. The program questions the value and validity of four-hour socialization experiences for three-year-olds. Further when travel time of up to two hours must be added in a rural setting the program foresees the need for naptime for the children becoming a program necessity, a necessity the staff views as a waste of resources.

2. Minimum hours of service -- Although no specific hour requirements were discussed, the staff expressed concern over the expected

increase in the required minimum hours of service per child. They note that, while an urban center-based program can easily provide an additional hour for every child by extending the day by one hour, a rural home-based program must add an additional hour for every home visited. This fact coupled with an apparent lack of recognition of the distances and time between homes, are cited as evidence of an insensitivity to rural programs.

B. Quality Versus Quantity

The program staff believe that there is an unfortunate tendency in the regulations to equate "more" with "better". The Vermont program believes it is providing a quality program currently. They perceive the requirements for more socialization time and more minimum service time without additional funding as straining the limits of staff, not as a means for improving the quality of programs. They point out that the current requirement for thirty-two weeks of contact time severely pressures the existing staff. The needs of recruitment, make-up visits, and socializations can barely be met within existing contract time.

C. Home-Based Program Training

Program management identifies a need for improved training for home-based program staff. They do not believe that the new regulations take this need into account either in terms of allocation of resources, provision of time, or program requirements. They question the capacity and desire of both the national and regional offices to adequately meet this need. They note that home-visitors require special training and that skilled trainers are not readily available due to decreased funding of home-based programs. They also do not have the time or energy to provide training outside their own program. The program points out that Vermont tried to provide a training network of home-based programs through an innovative grant funded in the last two years. The network had minimal success because the member programs all wanted someone to provide them with training and were unwilling or unable to contribute to the training of others! The belief is that too little time, too little money, too few resources, too many regulations, and too little support from the regional and national office doomed this training network effort.

D. Lack of Knowledge and Support for Home-Based Programs

The program is concerned that the regional office personnel are not trained in nor knowledgeable about the home-based option. Yet, they point out, these same personnel provide program approval. They note that regional office staff conduct on-site monitoring and validation visits and find fault with the program without having provided any direction or leadership during the program development. The program staff believes that, if the director wants a home-based model, then a knowledgeable and trained regional staff person who understand the model should provide appropriate direction, useful supervision and adequate training. With this support, the program believes it can provide more quality in programming.

Exhibit 1

OUTLINE OF CURRICULUM

Week Number	
1	Orientation about Head Start
2	Orientation about Head Start - Begin child screenings
3	Orientation about Head Start - Continue child screenings
4	Parent Education packets - Complete child screenings
5	Goals and objectives - Building self-awareness in children
6	Food to grow on - Dental care and your child's health
7	Food project - Talking with your child
8	Fire prevention and emergencies - Listening to your child
9	Language and your child
10	First Aid - Food project - Social self-help skills
11	Parent Education packets - Problem solving and your child
12	Update family service plan
13	Your child and pride
14	Indoor play area safety - Food project - Small muscle development
15	Poison prevention - Large muscle development
16	Outdoor play area safety - Parts of a whole
17	Grouping
18	Money management - Advocacy - Food project - Logical order
19	Parent Education packets - Time sequence
20	Update family service plan
21	Safety self-help skills - Your child and his/her relationship to your community
22	How to teach personal safety to your child - Imagination
23	School transition - Reasoning
24	Crossing safety - Place and how space is organized

Week No.	
25	Sameness and differences
26	Transportation safety - Real and seeming change - Food project
27	Science and Math
28	Health component review - Number meanings - Begin child screenings
29	Social service component review - Complete child screenings
30	Summer activities - Marketable skills

EXHIBIT 2

HOME VISIT #21

Area	Objectives
PARENT INVOLVEMENT:	1. Review home visit #20 - Record in-kind 2. Follow-up activity on "Family Service Plan"
PARENT EDUCATION:	Health 1. Introduce handout: Safety Self-Help Skills Nutrition 1. Plan a nutrition project: Milk Child Development 1. Introduce handout: "Reasoning" 2. Review and plan activity on Imagination
CHILD EDUCATION:	Reinforce the concept "Your Child and His/Her Relationship to Your Community"
FOLLOW UP:	1. Plan for home activity based on "Your Child and His/her Relationship to Your Community" 2. Read and identify important points of "Reasoning"

NORTH CAROLINA

A HOME-BASED ONLY PROGRAM

I. The Program and The Setting

This area was named when Scotch-Irish and German factions reached agreement on the site of the county seat in 1793. Today nearly 17,000 people live within this 10-square mile area. The mild weather is attractive to many and the area is only a 20-minute drive from a major city. The city is surrounded by farmland and a large amount of agricultural business and overall is a rapidly growing area.

Being in the Bible and textile belt has meant in years past that "non-progression" was acceptable. With the influx of several larger corporations, such as Phillip Morris and IBM, this city has begun to change. However, everyone doesn't benefit from these changes. Some groups have been affected adversely. One drastic change has been brought about by the buy-out of Cannon Mills by a west coast businessman. Mill employees are no longer being "taken care of from the cradle to the grave." They now have to pay for more of their own living expenses and to provide for their own housing. As a result, more of the population falls into the income category to qualify for Head Start. The number of eligible children now far exceeds the 84 available places in the program. Therefore, Head Start now mainly serves families living in the city and relatively few children living in the surrounding rural areas. Those that are served live within 20 miles of the center.

The Head Start center is located in an early 1900's vintage school building. The facility is shared by the Head Start Program and the program that serves pre-school handicapped children. It is a two-story, brick building with large, well-lighted classrooms. The Head Start offices are located on the second floor. There are window air conditioners in every room, unlike the majority of schools in the county.

Some of the classrooms have been remodeled into offices. For instance, one classroom is shared by the seven home visitors and two other staff members. Another classroom has an office for the program director as well as space for the secretary and for storage of materials and hand-outs used by the home visitors. A third classroom serves as the resource room and is well-organized and decorated in a very bright, cheery manner.

Along the same hallway are offices for the speech therapist and physical therapist for the county public schools. Occasionally, the Head Start program has children who need these special services, and the two programs work closely together. When children come in for speech classes, there is a parent room where parents can wait. This room is also used for workshops and is shared with a Girl Scout and Boy Scout troop.

Head Start also refers children to the physical therapist hired by the school district. Depending on the situation, therapy can be done either at the school or in the home. If the parent cannot provide transportation for these services, then the Head Start program does. The director indicated that she felt a distinct advantage of having the school system as grantee was that the specific needs of every child could be met by sharing resources.

For the most part, the program serves urban, black families. Most families are receiving Social Security and, in some cases, AFDC. Many of these families reside with extended families, such as with a grandparent or with an aunt and her children. However, there are a few families in the program who are foster families or over-income families (and most of those have a handicapped child). A large percentage of the enrolled children are diagnosed as having a speech handicap.

The most drastic change in the program's history came in 1986-1987 due to budget cuts attributed to the passage of the Gramm-Rudman Act. Because of these cuts, money was not available to employ the seven home visitors for the nine months the program generally operated. To cope with the budget cuts, a decision was made to keep the same number of home visitors and serve the same number of children, but to shorten the program to eight months. It also meant that two staff positions, that of parent involvement/special services coordinator and health/handicap coordinator, were cut by one month, from ten months employment to nine months.

This cutback has brought concerns among the staff members as to the future of the program. It also has meant that the recruitment process for the coming year has been shortened. Normally, recruitment is conducted three weeks in May by all home visitors and the two coordinators whose positions were cut back. Due to the budget, however, there was only one week in which the home visitors could help the coordinators with the recruitment process. Therefore, relatively few students have been recruited for next year as of the end of April, and the staff was concerned. Other than the changes mentioned above, all other aspects of the program were accomplished: physical examinations, field trips, parent meetings, workshops, etc.

II. The Home-Based Option

In this Head Start program, the home-based option has been operating for nine years. During its first year (1976-1977) in the county, Head Start was a center-based program using public school space. However, later the state needed the space to offer public school kindergarten. Therefore, the program had to be redesigned and a home-based program seemed the logical solution to the county school administrative personnel, the Head Start Director, and the Federal Head start program director.

In general, staff attitudes toward the home-based approach have been positive. The only area in which staff feel the center-based program is more effective in is in the development of the children's social skills. The home base program, however, was felt to be more effective in helping parents develop their parenting skills, become involved in Head Start activities, assist their children's transition to public school, gain access to resources in the community, become involved in their communities, and secure jobs or training. Staff felt that both center-based and home-based programs equally deliver social services, health services, and nutritional services, and they equally develop children's cognitive and gross motor skills.

The major disadvantage of the home-based program is that the home visitors must face daily problems and changes that occur with the families they serve. Sometimes, there are rather volatile situations and many of the home conditions are far from desirable. There is also a certain amount of risk the home visitors take in going into some homes and neighborhoods.

The only area the staff felt improvement could be made was in funding. It seems there never is enough money! This was especially true this year with the "drastic cut" in funding.

III. Staffing and Staff Characteristics

The home visitors, as well as other staff members, have a low turnover rate. It seems to be a very stable staff situation and it appears the staff enjoy their work and each other. Group projects are accomplished with lots of work shared by everyone.

A full-time home visitor works 35 hours a week, seven hours per day for five days each week. On average, each Home Visitor is assigned 12 families. Their hours are 8:00 A.M. to 3:30 P.M. with a half-hour for lunch. Generally, the day begins and ends with one-half to one hour spent in the office. All home visitors have received training at a Home Start Training Center. They all have a CDA and some of them have other training also. They are all well-qualified veterans -- some have worked at Head Start for as long as seven years and the newest has worked for three years.

IV. Families and Selection Criteria

As part of the recruitment process for Head Start, the social services coordinator distributes letters in the elementary schools asking parents for any prospective four-year-old candidates for the program (friends, neighbors, relatives, etc.). She also takes posters to all social service agencies. An announcement is sent to the local radio stations, television stations, and newspapers. Some previous parents also call to enroll their children. The coordinator follows up with the families that apply for the Head Start program.

The family situation and income determines whether the child will be enrolled. However, since a certain percentage of the total enrollment needs to be handicapped children, an exception of the income level is made for families of handicapped children.

The program usually enrolls children for only one year. However, when assessments are completed, and it is felt the child is not yet ready for kindergarten, he/she can remain in Head Start for another year. A second year child is worked with at his/her level for the second year, just as is done the first year.

Some basic statistical information about families in the program for the study year include:

Number of families enrolled: 84

Racial Composition:	
White	27%
Black	73%

Family Composition:	
Two parent families	33%
Single-parent (mother)	64%
Single-parent (father)	>1%
Neither parent present	2%

Family Size:	
One child	26%
Two children	42%
Three children	21%
Four children	2%
Five or more children	8%

Median Income: $ 7,999

Geographic Distribution:	
City or Town	69%
Rural Area	31%

Other Family Characteristics:	
Live in isolated area	29%
Have multiple family problems	46%
Receive welfare	36%
Are over income	6%

V. Home Visitors

The seven home visitors are supervised directly by the program director. She has never been a home visitor, but she has been a parent involvement coordinator. The director received her training in home-based programs from a Head Start training center and a university. In her capacity as director, she accompanies each home visitor on at least four home visits a year. She also reviews the home visit records, holds regular group meetings with home visitors, provides staff training, and consults on an as-needed basis.

Statistics on home visitors include the following:

Total Number of Home Visitors: 7

Home Visitor Education:

High school diploma or GED	5
Some post high school	2

Training:

Home Start training only	0
University training	0
Private contractor training	0
Both Home Start training and any of the above	7

Years With the Program:

New to the program (first year)	0
In their second year	0
In their third year	0
In more than their third year	7

Number Who Have or Have Had A Child in Head Start: 0

Average Number of Families Per Home Visitor: 12

VI. The Home Visit

Although the home-based program starts in September, actual home visits do not begin until October. The month of September is spent doing assessments. Each family typically receives one home visit per week for 22 weeks. Visits are scheduled to last for 60-90 minutes. However, several parents who were interviewed for the study indicated that home visits sometimes lasted only a half hour or so.

The variation in home visit length was evident in four visits that were observed in the spring. Total visit time ranged from 35 minutes to one hour and ten minutes. One of the observed home visitors consistently spent an hour or more with her families, while visits by the second home visitor tended to be only half as long.

According to parents, visits are missed for a variety of reasons. Actual makeup visits do not always occur; home visitors may simply drop off the work for the week. Part of the difficulty in rescheduling visits is the fact that the majority of parents do not have telephones in their homes.

Weekly visits strive to cover the following areas: cognitive, social and physical development of the child, and health and nutrition for both child and family. Other areas that are covered as needed are household management, child and family problems, substance abuse, and so on. According to staff interviews, planning for home visits is done by individual home visitors. Some of the curriculum used by the home visitors are materials by Blankenship, Burkett and Forter (Pre-school Association). These include: 1. "Your Child and Community Helpers", 2. Communication and Language, 3. Self-Help Skills, 4. Manners, 5. Rules, 6. Nutrition, 7. Learning, and 8. Senses. Each booklet has items for each day, Monday-Friday and an overview for the parent.

A. Home Visit Focus and Activities

An average of ten activities occurred during the four observed home visits, regardless of home visit length. At least two-thirds of the total home visit time for the four families observed was devoted to child development activities. One home visitor had chosen "spring and Easter" as the theme for the week's home visits. Activities for the child included a discussion about flowers, gardens, planting and the upcoming Easter celebration. The home visitor showed the child a bunny rabbit made out of a milk carton and explained about Easter eggs and egg hunts. As an art project, the child made a picture of a flower using paper, glue, cut-out leaves and a coffee filter and identified parts of the plant (stem, leaf, etc.), as well as their colors. A second art activity involved making an Easter bunny face with a paper plate, crayons, pipe cleaners (for whiskers), glue, a popsicle stick and construction paper. Next, a fine motor activity was conducted aimed at strengthening the child's eye-hand coordination, using a lacing card with a picture of an Easter basket. The child also was involved in two egg hunt activities. First, the child found hidden eggs in a picture, counted the eggs she had found, and colored them. A real egg hunt followed which the home visitor had organized in the home. The Golden Egg Book was read to the child as the concluding home visit activity.

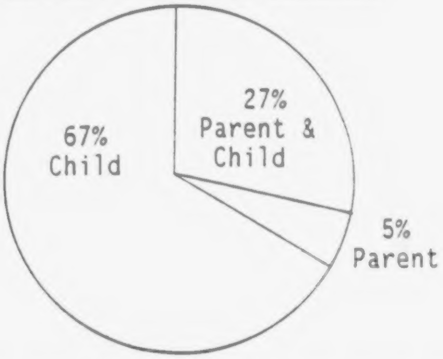
"Farm and gardening skills" was the theme of visits made by the second home visitor who was observed. Child activities began with a puzzle of different types of fruit from which the child was asked to identify each fruit and name the colors. A lacing card with pictures of peas was introduced after the puzzle had been put away. Next, the child was given a handout with different shapes to teach him about likenesses and differences of forms. Shapes and colors were identified by the child and similarly-shaped objects were matched. A "Little Ideas Kit" showing pictures of various fruits and vegetables in their natural, processed, and cooked form was introduced to teach the child about foods and their origins. The home visitor explained, for example, that orange juice is made from oranges, french fries are cut-up potatoes, and so on. A planting activity followed using peas, dirt, and a cup that the home visitor had brought. Finally the child was told a flannel board story about Johnny who finds a magic apple; the child was shown how to cut an apple to find the star referred to in the story.

Each of the children was given a picture to color after the home visit. All home visit materials used in the child activities were brought by the home visitors. Many of the items, however, showed the parent how to use common items in the home as teaching tools, such as fruits and vegetables, coffee filters, and so on.

A sample home visit plan is included at the end of this case (see Exhibit 1).

As illustrated below, a major portion of home visit time focused on the child or on activities involving both parent and child. Very little time was spent exclusively with parents.

Focus of Home Visit Activities



It is important to note, however, that the two home visitors divided their time differently in the four home visits that were observed. One spent only 40 percent of total home visit time in child-focused activities.

With this home visitor, parents were present for the entire visit and took an active part in all activities. In contrast, over 80 percent of the time the second home visitor spent with her two families had an exclusive child focus, caused by the absence of the parents for most of the activities. One mother had just had a baby and was resting while the home visitor worked with the focal child. The other mother decided to continue cleaning her house instead of taking an active part in the visit.

Kindergarten registration and immunization requirements were common year-end topics with parents, as were discussions about the upcoming family day, a social event planned for the end of the program year. Parents of two children were reminded about the conclusion of speech classes; learning disabilities of a foster child were addressed with one of the families.

Nutrition education was provided to two parents as part of the "Farm and Gardening Skills" theme of two home visits. The combination of apple slices covered with peanut butter was suggested as an inexpensive and nutritious snack. One parent discussed her job search and expressed frustration about her lack of success.

B. Individualization

As discussed above, home visitors do approximately the same activities with all of their assigned families. Special attention is paid, however, to the needs of individual children. This was clearly evident in two of the four observed home visits. For example, to help alleviate a speech problem, the home visitor devoted a considerable amount of time to practicing the proper pronunciation of words with the child. In a second home, a recent arm injury of the focal child which resulted in a physical handicap required special fine motor exercises. The home visitor guided the child's hand so that she could relearn to hold a crayon and reinforced the need to practice the exercise several times.

C. Parent Involvement

The home visitors encourage and want more parent involvement, yet, there seems to be very little of it. It appears a few families become very involved. The others take a "spectator" approach. Parents are not as involved as teachers of their children as staff would like them to be. This may be because the home visitors haven't been instructed about how to fully involve parents in the process.

VII. Group Sessions

Every month, two home visitors have use of the program's resource room and bring in their assigned children on the day they would normally make a home visit to those families. The sessions start with breakfast and end with lunch. Both meals are provided by the school system. Transportation to and from the group sessions is provided by the home visitor. After breakfast, children engage in a period of free, but supervised play. Then there is a group time, during which children read a story, watch a film strip, make puppets or do something else, depending on the day's theme. Music time follows. After the full-group time, smaller groups of two or three children are formed to work together in individual areas of the resource room, with blocks, housekeeping, finger painting, and so on.

Once a month, field trips are organized by each home visitor. By far the favorite field trip was eating out in a restaurant. On one such field trip, each child had an opportunity to make his of her own pan size pizza at Pizza Hut. Other field trips that took place included a tour of the fire department with a demonstration of the "stop, drop and roll" technique and discussion about when to use it. A visit to a local pet store was another popular field trip. Both parents and children participated in these events.

Throughout the year, various field trips were planned. In October, a trip was taken to a local pumpkin farm. Around the holidays, a trip was made to a mall to see the Christmas decorations. Then, in the spring, trips were made to the Fire Station and restaurant. Graduation pictures were taken of each individual child by a professional photographer.

Through Head Start, many families are made aware of social services available in the community. The Junior Charity League operates a clothes closet in the same building where the Head Start program is located. One child was fully outfitted by them this year. The social services coordinator makes up a pamphlet to distribute to parents telling them of all the services available in the community. Other brochures are sent to parents as new services become available, such as electric company assistance. At Christmas, 36 families in the program received food, toys and clothing.

The social services coordinator publishes a monthly newsletter to send to all families, to the county school offices, to all the community resources, and to all the elementary school principals.

Numerous group activities are offered to parents. Every parent has an opportunity to serve as a member of the Policy Council. This year, 14 parents out of a total enrollment of 84 chose to do so. The Policy Council membership also includes representatives from local service organizations.

The Policy Council meets once a month, starting in October, when officers are elected and staff is introduced to parents. The Policy Council has a number of responsibilities, including the planning of monthly events for parents. These events included a Christmas craft workshop in November during which parents made corsages and tree ornaments. A Christmas party was held for all enrolled children and their families in December. It was a time for socialization, a choral concert and appearances by Frosty and Santa. This was a popular event attended by approximately 350 people. Policy Council members had bought toys for the Christmas party, decorated the building, and fixed "goodie" bags for the children.

A two-hour first aid workshop, conducted by the County Fire Marshall, was held for parents in February. Thirteen parents participated in this event. In March, the Policy Council met three times to prepare for the North Carolina Head Start Conference which was attended by ten parents along with the program director and three other staff members. Prior to the Conference, the Policy Council chose the Head Start Parent of the Year.

Family Day was held at a local park in April. Fifty-nine parents attended this five-hour event. The outing involved: a half-hour style show in which staff and children showed clothes which they had chosen from their own closets; and a talent show of pantomimes of popular songs, like "God Bless America," and singers, such as Tina Turner, performed by parents, children, siblings and former Head Start students. Hot dogs were served with "all the fixings." After the cookout, students from the local school entertained the children for an hour with outdoor games and an Easter Egg Hunt. A show by a magician and the award of door prizes donated by local businessmen concluded this year-end social event.

VIII. Parent Outcomes

There were many stories about parents who were successful in the program and continued to succeed afterward. One, a former Head Start mother and Parent-of-the-Year, was hired as a data collector for the study. She had two boys who were in the program in consecutive years and was a very involved parent while her sons were in the program. She was somewhat shy and introverted, yet had an excellent rapport with children and other adults. As a result of her involvement in the program, she has decided to get her GED and CDA and now wants to obtain a permanent position working with children.

Two staff members in the program are former Head Start parents. One holds the position of Health/Handicap Coordinator and the other as Parent Involvement/Social Services Coordinator. Each of them had children in the program for about six years and now each has been employed for two years.

Another mother now has her third child in Head Start. Her first child was enrolled approximately eight years ago. The home visitor said it was remarkable to see how much the mother changed. In the beginning, the mother would be found still in bed on days the home visitor came, with curtains drawn and house and children uncared for. Now, with the help of Head Start, her home is bright and cheery, as is she, and the children are "immaculate, outgoing and happy."

All of the staff members felt that every family had been helped, if only in a small way, over the course of the program.

IX. Home-Based Policy

The staff members hope that the program will continue and, of course, if more money were available, they would like to return to the nine-month program. The program also plans to continue to use the resource room weekly for socializations. Two home visitors at a time will bring their students to the room for a half day. The session will begin with breakfast and end with lunch, both of which are prepared by one of the school cafeterias.

X. Interpretations and Conclusions

This Head Start program is attempting to cope with changes brought about by budget cuts and a growing eligible population in the county they serve. Staff have been with the program for three years or more and do have the opportunity to meet with each other on a daily basis as well as to work closely with the director.

Working closely with the local school system has advantages. Namely, this relationship provides the use of facilities and the sharing of special services for handicapped students.

This program would like to expand its schedule to the nine-month program it formerly operated. Given the fact that one month is utilized for assessments, families receive only seven months of services (October-April). This dilemma is typical of Head Start programs' continued need to try to address changing community needs while dealing with reduced or level funding.

EXHIBIT 1

Example of Home Visit Plan

Child's Name: ____________________

Date: ____________________________

Home Visitor ______________________

Topic: Signs of Spring

Objective: To familiarize the child with the signs of spring and gardening.

1. Review previous week's work, upcoming events and appointments.
2. Talk about Spring - flowers, gardens, planting (using illustrations).
3. Plant flower seeds for child to nurture and watch grow.
4. Make flower using coffee filter and green construction paper.
5. Lace Easter Basket (lacing card).
6. Skills sheet - find and color the eggs.
7. Make bunny puppet.
8. Go on egg hunt in the home.
9. Read story "The Golden Egg Book".
10. Leave dot-to-dot flower sheet.

MARYLAND

A MIXED SITE: HOME-BASED AND CENTER-BASED

I. The Program and the Setting

This Head Start Program is located in rural, southern Maryland where the primary businesses are tobacco farming and seafood fishing. In addition, there are many military installations located in the tri-county area the program serves. Many of the Head Start children are from farming and military families.

The program is funded to serve 117 home-based children and 323 center-based children. There are a total of five centers that serve these children. (Two centers are located in County A, two in County B, and one in County C.) The program generally over-enrolls in order to always have full classrooms.

One center is located in a church basement in a rural area 24 miles from the main office. This center is licensed for 32 children and enrolls a total of 68 children in morning and afternoon sessions. Two home visitors also utilize this center for their group experiences.

Another center is located in a rural setting in an old public school which was donated by the County Commissioners to Head Start in 1972. The center is licensed for 32 children but only enrolls 16 children for the morning program and 16 for the afternoon. Income levels are changing in this area. Previously, the area was low income; now, income is more moderate. Staff has difficulty recruiting eligible children who live close enough to transportation. The center is located about 22 miles from the main office and has two home visitors.

Another center is located 28 miles from the main office. The center was housed in a church in 1969. In 1975, the County Commissioners donated an old school for use by Head Start. The center is licensed for 32 children and enrolls a total of approximately 68 children for the morning and afternoon programs.

The newest center was opened in March 1987. The program had been located at a church but was asked to leave in September 1985. Head Start kept requesting three-month extensions in order to have time to find another location. Finally, in June 1986, no more extensions were granted. A new site for the center was located. However, the room that was to be used was in the process of being built. It was a multi-purpose room built as an extension to a church. The center was not completed and ready for occupancy until March 1987. During the program year, the home-based children continued to meet with the home visitors once a week, and group sessions were held at another center. The center children could not meet until March and participated for only three months. The head teacher stated that she felt the four-year-olds still got some valuable learning experiences in terms of preparation for public school, specifically learning to deal with routine, group sharing and interaction. The three-year-olds also got a chance to develop some socialization skills.

Recruiting has been difficult this year in all three counties because of the new public school system pre-kindergarten program. The parents of four-year-olds would rather have the children in the public school because it operates five days a week, the holidays are on the same schedule as the other public school grades, school buses are always there to pick up the children even if a substitute driver is needed, and there is not all of the paperwork to be completed by the parent that Head Start requires. Therefore, the Head Start program in the future will be predominantly for three-year-olds, and there are not enough three-year-olds in the areas served to fill the centers.

When contacted to participate in this study, the director acknowledged she had resigned to take another position. The director of the host agency (a Community Action Agency), however, agreed to participate anyway. Early in the program year, a new director was hired. This change in leadership probably resulted in more program changes than would occur in other years.

Basically, the same curriculum is used for the center and home-based children. Each month a different theme is emphasized with activities for all the developmental areas being planned and provided. The difference is that the home visitor must emphasize other components besides the education of the child. She must also provide parent education, social services, and transportation when needed for social service such as medical appointments. The home visitor also fills the role that the parent coordinator serves for the center-based staff.

II. The Home-Based Option

The home-based option was selected in 1976 because the area was very rural and a needs assessment showed that children were eligible but no centers were available within a transportable distance. The program began with the hiring of seven home visitors in the tri-county area and the recruitment of approximately 100 children.

In the past, each home visitor served thirteen children. Because of the changing income levels, the home visitors have had to identify new areas that are even more isolated in which to enroll children in the program. This requires the home visitor to travel farther in order to conduct home visits. Because of the greater travel distance, the number of children assigned to each home visitor has been reduced to twelve.

The children being enrolled in the program are now more isolated, therefore, scheduling group experiences is more difficult. Other alternatives are being looked at such as the possibility of having two or three children in a particular area meet as a group.

In the past, most families were AFDC families with non-working parents. The parents were not teenagers and most were two-parent families. The families are now more often single-parent families with the mother being very young and living in extended family situations. The young parents appear to be less interested in homemaking and child growth and development, and more interested in shopping and partying. This has made the job of parent education for the home visitor increasingly difficult.

Previously, two or three families were living together and home visitors were working with the children in a cluster. This approach has been changed for next year. If there are several children in a single home and they are not siblings, the home visitor will visit each child on a separate day and a separate time.

More mothers are working now than in the past. Home visitors had begun recruiting children who were staying with babysitters during the day. Therefore, the home visitor was working with the babysitter on home visits rather than the parent. The home visitors are now limited to recruiting children who have a parent who can be home for the home visit. If a grandparent is the legal guardian of the child, the grandparent will be the one who will participate in the home visit.

The original purpose of the home-based program was to teach the parent how to work with the child. In recent years, the home visitors were doing more of the educating of the child with the parent observing. This has been changed back to the original purpose this past year. When home visitors recruited this spring, they were limited to recruiting children who had a parent who would be able to participate in the home visit.

Parents like the home-based approach because the children receive individual attention by the home visitor. Parents also like the help they get for their family with any special needs they have. The one concern that the parents have about the home-based program is that the children do not get enough experiences in a group setting.

III. Staffing and Staff Characteristics

The home visitors are committed to the purpose of the home-based approach. They all enjoy their job and understand the importance of the goal of educating and working with the parent.

Statistics on home visitors include the following:

Total Number of Home Visitors: 9

Home Visitor Education:

Some post high school	8
College degree or more	1

Training:

Home Start training	0
University training	0
Private contractor training	1
Both Home Start training and either of the above	8

Years With The Program:

New to the program (first year)	1
In their second year	4
In their third year	0
In more than their third year	4

Number Who Have Or Have Had A Child in Head Start: 4

Average Number of Families (Case Load) Per Home Visitor: 12

IV. Families and Selection Criteria

Families are assigned to the home-based option based on geographic location. If they are outside a ten to twelve mile radius of the center, they are enrolled in home-base. Because the home visitor works with the entire family, the home-based option is most appropriate for those families requiring special needs such as weatherization, health care, clothing, and food. Many families are not aware of all the services available, and the home visitor can help the family identify these needs and where to get assistance. The very young mother is also helped by the home-based approach because of the parent education component. The young mothers usually lack parenting skills and profit from the education given them by the home visitor. Although the very young parent and the family with special needs are identified as benefitting the most from the home-based program, families are not enrolled specifically by this criteria.

Some basic statistical information about families in the program during the study year includes:

Number of Families Enrolled: 451

Children in Home-Based	Children in Center-Based
110	341

Racial Composition:

	Home-Based	Center-Based
White	20%	21%
Black	80%	78%
Hispanic	0%	>1%
Asian/Pacific Islander	0%	>1%

Family Composition:

Two parent families	39%	35%
Single-parent (mother)	60%	57%
Single-parent (father)	0%	7%
Neither parent present	>1%	>1%

Family Size	Home-Based	Center-Based
One child	18%	49%
Two children	45%	22%
Three children	27%	16%
Four children	7%	8%
Five or more children	2%	5%

Median Income: $ 6,999

Geographic Distribution:	Home-Based	Center-Based
Suburban Fringe	0%	11%
City or Town	21%	24%
Rural Area	79%	65%

Other Family Characteristics	Home-Based	Center-Based
Live in Isolated Areas	48%	29%
Have Multiple Family Problems	17%	8%
Receive Welfare	52%	29%
Are Over Income	7%	9%

V. Home Visitors

The Head Start Program has nine home visitors. In the fall of 1986, all positions were filled. In December 1986, one home visitor moved out of the area and resigned from Head Start. Another home visitor had health problems and left the program in May 1987, and a third left the program at the end of the year.

Home visitors must first meet the Maryland State Department of Health and Mental Hygiene's regulations which require them to be at least 21 years old, have a high school diploma or GED, at least 64 classroom hours in Early Childhood Education beyond high school, and one year of experience under supervision working with a group of children in a licensed early childhood program. Home visitors must have the ability to work with other adults, and be able to work with a variety of socio-economic groups. They must also have their own transportation to use for work. Home visitors are also required to be involved in CDA credentialing within one year of employment. New employees have a six-month probation period, at which time their performance is evaluated. They are paid $8,081 for a nine and one-half month contract.

There are not very many people available in the area for the position of home visitor. This is not because of lack of qualifications but because of lack of interest. The job is very demanding and is also low paying. A lot of people do not want to go into other people's homes and work with the adults. They prefer working with the children in a center setting. The requirement of providing their own transportation is also a deterrent because a lot of miles are accumulated very quickly, and many of the homes that are visited are located in isolated rural areas with very bad roads.

Each home visitor receives one week of core training in Parkersburg, West Virginia, when they first are hired. There are also yearly home-based conferences, However, few home visitors attend because the conferences are during the summer when they are not working. The educational coordinators also arrange various in-service workshops as the need arises. This year, a consultant came to work directly with the children in the centers on music and movement. Home visitors were invited to observe the consultant with the children. On the last day of the workshop, he worked with all of the teachers and home visitors on music and movement activities for children. There were also workshops during the year on child abuse and neglect, stress management, speech and language screening, and instruction on how to use the Chicago EARLY test screening instrument.

The educational coordinators are responsible for supervising the home visitors. They usually attend three or four home visits with each home visitor and also some group sessions. After each observation, the coordinator gives the home visitor an oral and written evaluation of her performance. At the end of the year, there is a written summary completed by the coordinators on each home visitor's performance throughout the year. Next year, a telephone survey will also be conducted in which parents will be asked how they feel about the home-based option, if there are any problems, and if they can suggest any improvements. Parents will also be asked about the scheduled visits completed by the home visitor so that coordinators can supervise the home visitor's performance. Currently, the only method by which the educational coordinators can monitor whether the home visits are completed is by looking at the lesson plan which is signed by the parent after the home visit.

In the past, the home visitor planned the schedule for home visits, but starting next year the coordinator will plan it instead. This is to insure that the home visitor's time is used efficiently. Time will also be scheduled in the center for the home visitor to do paperwork and lesson planning.

The turnover rate of home visitors is the highest of any other position. The position is demanding and can cause burnout and stress very quickly. The home visitors start with very little education or experience in working with adults in the areas of parent education and social services. The home visitors work by themselves and receive little feedback from other home visitors about how to deal with various problems and demands of the job. Many homes have no telephones, so there is no way to conveniently verify appointments or make changes due to weather conditions. This year, four of the nine home visitors have been or are currently Head Start parents. These home visitors understood the requirements of the job and its pressures before they were hired. This may have helped in their retention.

Generally speaking, substitutes are not provided. The home visitor prepares a packet of material and leaves it at the home for the parent to work on with the child. Visits are then rescheduled if possible.

The program now offers a home visitor CDA. The CDA field supervisor has been working closely with the local community college to develop courses that the home visitors may take to obtain instruction to meet the competency requirements of the CDA. The community college has a certificate program that was developed around the general CDA competencies. Along with the new home visitor's CDA, two new courses will be developed. One course will be on parent education and the other course will be on mother-infant interactions since many home visitors help young mothers work with their infants and toddlers as well as the children who are in the Head Start Program.

VI. The Home Visit

The home-based program generally runs from mid-September to the first week of June. Home visitors make four home visits per month and each visit generally lasts one hour and a half.

A lesson plan that covers activities aimed at developing children's cognitive and social skills is used by all home visitors. Physical development activities are planned on an as-needed basis for individual children. A snack is provided by the home visitor in every home visit to show parents a model of a nutritional snack.

Use of items in the home as educational tools is emphasized in home visits, according to staff, so that the parent can see that learning can happen with common household items and that fancy, expensive toys are not necessary. Kitchen tools are used for cooking and sorting activities. Clothing, buttons, and scrap material are used for classifying and sorting.

For science experiences, plants are planted in the garden. Food items are sometimes used for art or math projects.

Social services and health issues are addressed with parents as they arise or as a need is identified. The home visitors are responsible for making referrals to the health department, to a doctor or dentist, and to a variety of social services agencies in the community, such as energy, housing and weatherization offices.

A. Home Visit Focus and Activities

Between seven and eleven activities occurred during the four home visits that were observed in the spring. Typically, one-third to one-half of the visit was devoted to activities primarily designed for the child. Most of these were aimed at helping the child acquire basic skills. Counting, subtraction and addition, as well as number recognition, were covered in all four home visits. One home visitor showed the child flash cards with numerals, asked the child to tell her what the number on the card was and then to count beans to match that numeral. Another child counted dots or shapes on a handout that the home visitor had brought. Identification of colors and shapes and matching games were other common home visit activities. Two children were taught the ABCs; one practiced copying and writing the letters A through Z. Other child activities included fine and gross motor exercises (gluing objects on a piece of paper, or ball games), story telling, singing songs, or teaching the child about his or her environment.

A theme sometimes is used by home visitors as a focus of home visit activities. A planned field trip to a farm was a major topic of two home visits made by one home visitor who was observed. Using a puzzle with farm animals, the child learned to recognize and name the animals and what they do. By singing "Old MacDonald Had A Farm" and showing pictures of animals, the children became familiar with the sounds animals make. This theme was reinforced in two nutrition activities that took place in both home visits: -- making butter with whipped cream and a snack of cheese and grapes which the home visitor had brought to each family. While preparing the foods, the home visitor asked the child: "I bet you know what butter and cheese are made of. Milk, that's right. And what animal does milk come from? Very good, a cow. What animal lays eggs?", and so on.

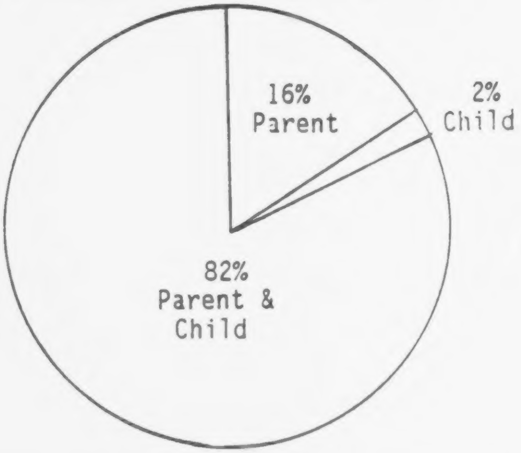
Fifteen to twenty minutes of each of the observed four home visits were taken up preparing and eating the snack food that the home visitor had brought. Both parent and child were involved in the preparation. It was a time primarily for socializing; there was little or no discussion about good nutritional practices or why serving nutritious snacks is important. More attention was paid to this topic in group sessions, as discussed in the next section, although not all parents and children attend. From time to time, snack time was used by the home visitor to ask the child to identify colors or to discuss what foods taste like. A change in the nutrition components is planned for next year to provide more nutrition education and to place less emphasis on actual snack provision, as discussed in the Home-Based Policy section.

Besides providing the ingredients for snacks, a variety of materials was brought into the home by the home visitors for use in child activities. One of the two home visitors who was observed made no use at all of materials or objects in the home, although an attempt was made. For example, one parent objected to the use of her beans and macaroni for the counting project because she was concerned with using needed food for such experiences. Greater use was made of in-home materials by the second home visitor, often in combination with materials brought by the home visitor. For example, flash cards brought by the home visitor were used to show the child different shapes, but the child matched them with similarly shaped household items that the child was asked to find.

As noted below, only a minuscule portion of total home visit time was devoted exclusively to child activities. Most of the time, the activities had a dual focus and involved topics for both parent and child. The parent and child topics were not always related to one another, however. An example of this was a child putting together a puzzle while the home visitor told the parent about plans for a cookbook and asked the parent for recipes to be included.

Parent activities varied from home to home. Health issues were discussed frequently: immunizations required prior to kindergarten entry, reminders to a parent to make a dental appointment, and discussions about a mother's ailment and the effects of medicine. Upcoming parent or policy council meetings or planned field trips were covered in almost all visits. Other topics included suggestions for the use of the parent activity fund, and recruitment of families for the next program year. One parent discussed her attempts to get a sibling off the bottle; another obtained help getting in touch with an electrician to fix a problem in her home. One

FOCUS OF HOME VISIT ACTIVITIES



mother expressed an interest in obtaining a puzzle for her child and got suggestions from her home visitor. The two talked at length about the use of puzzles in teaching different skills. This same parent suggested specific child activities to cover during the next week's home visit.

In all four home visits, parents were present the entire time and took an active part in most activities. It was not uncommon for parents to practice or do activities with their own children in three of the four home visits. Attention was paid to all children in the family. Depending on their age, the children were involved in child focused activities. In one home with a five-year-old and four-year-old twins, the home visitor spent considerable time playing "Simon Says" with the twins, teaching them to tie their shoes, and engaging them in a ball game to develop their gross motor skills. A special activity involving strings and beads was given to another parent for a younger sibling who was asleep during the entire home visit time.

B. Individualization and Records

According to staff reports, lesson plans are individualized for every child by home visitors. Based on four observations, it appears that the amount of individualization varies. Lesson plans were generally the same, although there was slightly more variety in the activities and use of materials by one home visitor. This sameness also was evident in reviewing records of these four home visits which noted similar activities to be done before the next visit for the two families served by the same home visitor. For one of the home visitors, it was continued use of household activities and items as teaching tools. The second home visitor wanted both her families to reinforce the farm animal activities introduced during the home visit and continued use of the numbers booklet. There was little or no discussion except with one parent about these assignments during the visit; parents may know their assignments, however, by reviewing a copy of the record they receive after each home visit. The records indicate follow-up on last week's activities, although this follow-up was not observed in the four visits. Similarly, parent input regarding child activities did not appear to be sought.

A home visit plan is prepared for each home visit. It indicates activities to be reviewed that were presumably covered in a prior home visit or were an in-between home visit assignment. Other topics covered in the plan are: social services provided; parent involvement; health/nutrition; other activities undertaken; planning for materials/activities for use before the next visit; specific suggestions made by the parents; and any observations by either the home visitor or parent. The form also indicates the date of the visit, the number of people present, the length of the home visit and the signature of the parent.

C. Parent Involvement

There are many ways that parents can be involved in the Head Start program. They can be members of the Policy Council, members of the Health Services Advisory Committee, members of the Personnel Committee. They can attend Head Start national meetings, take college courses related to child development and education, and volunteer in the classroom or on field trips.

Traditionally, most of the parents involved in the Head Start program have been the center-based parents. This year, there are more home-based parents than ever involved. A home-based parent is chairperson on the Policy Council, and five other home-based parents are members of the Policy Council. There are also home-based parents who are members of the Personnel Committee.

Center-based parents have more opportunities to participate because the children are in group experiences four days a week. These parents are more involved in fund raisers because they feel more part of a group than the home-based parents. In the past, there have not been separate parent meetings for center-based and home-based parents. There will be a change next year. During the home-based children's group experience, parents will have an hour or so to meet outside of their children's classroom with the other parents to hear special guest speakers, or sometimes just to socialize and have informal discussions. Hopefully, this will help the parents feel more part of a group and get them more involved in the program.

The Parent Policy Council and parent meetings are conducted once a month. Council meetings are concerned with the business of operating the program and addressing issues such as review and approval of funding applications, program evaluation, review of a new center, changes in family recruiting procedures, and establishment of new committees. Parent meetings are held in four locations and usually run from two to two-and-a-half hours. The groups are led by various people: the parent coordinator, social service coordinator or a parent. Home visitors do not appear to take an active part in these meetings.

Most parent meetings are informal discussion groups for between five and 25 families. According to staff reports, parents often discuss or plan upcoming field trips or special events, such as the children's graduation from Head Start. Business matters often are on the agenda. In several of the parent meetings this spring, parents discussed re-enrollment of children and recruitment for next year, ways of increasing in-kind contributions to centers and parent participation in the program, and developed a parent activities fund budget. Special topics of interest to parents are covered from time to time. During parent meetings held in the first three months of the year, the major focus of discussions was registration and readiness for kindergarten, what to expect, and suggested activities for parents to undertake with their children during the summer months. One of the parent groups heard a lecture on child abuse and prevention and participated in a discussion of dietary guidelines for adults and children. Another group heard a talk on children and television.

VII. Group Sessions

Every other week, home visitors set aside a half a day for group sessions for children. These sessions lasted from three to four hours, and involved children and usually some parents.

Twelve children and three parents participated in a group session that was observed. Upon arrival at the center at about 9:30 A.M., the children worked on puzzles until breakfast was served. As they finished eating, children engaged in free play activities, such as housekeeping and use of manipulative toys. The home visitor used this time to explain the day's activities to the three parents who participated in clean-up and helped the children with toileting and brushing their teeth. This marked the start of organized group activities. At about 10:15, one of the parents engaged the children in an activity in which the children practiced counting and identifying the numbers one through ten. The next activity involved naming different tools and their uses. At approximately 10:50, the children formed two smaller groups: one group practiced their cutting skills; in the second group, children learned to tie their shoes. At 11:30, the children were given an opportunity to paint or to return to free play activities. Lunch was served at noon, followed by another period of free play. The book, Here Comes Spring, was read by a parent to the entire group as the final activity of the day. The van arrived at 1:10 to return participants to their homes.

The second group session that was observed was somewhat more structured with fewer opportunities for free play. In this session, group activities included story telling, a craft activity, outdoor play, and music and creative movement. Nine children attended this session, but none of their parents came this time.

According to staff reports, nutrition education is provided to children from time to time. Several home visitors indicated that they had covered this topic during earlier group sessions. Children were asked to name the foods shown on pictures and to identify the origins of fruits and vegetables; for example, apples are found on a tree, carrots grow underground, and so on. Other nutrition education activities included cutting out pictures of foods from magazines, learning to classify foods into food groups, and pasting pictures of healthful foods on paper plates. Occasionally, children engaged in a cooking activity, such as making jello or pudding with fresh fruits.

Other organized group activities reported by home visitors involved: holiday or commemorative celebrations, such as Martin Luther King Day or St. Patrick's Day; the making of Valentine cards for parents; color and shape recognition; units on transportation involving the matching of pictures of vehicles with the proper transport mode (i.e., water, air, road), traffic safety instruction, and so on.

From time to time, field trips were conducted as part of the group session. Recent outings included trips to Naval and Marine Museums, trips to the airport, nature walks, and frequent visits to the library for story hour or a film.

VIII. Parent Outcomes

In 1974, Maxine became separated from her husband. She had three children and no job. That year, two of her children started the Head Start program. When her children enrolled in Head Start, Maxine volunteered at the center. She soon became a teacher assistant in the classroom and did this for one-and-a-half years. When a new position -- a health aide --was established, Maxine got the job. She was responsible for transporting children to doctor and dentist appointments and keeping health records. She did this job for two years under the supervision of a registered nurse who was the health coordinator. When the health coordinator resigned, she recommended Maxine for the position, and Maxine became the health coordinator for four years. In 1982 or 1983, 17 health coordinators were selected from across the United States to go to Washington, D.C. for a pilot project. Maxine was chosen. Each health coordinator was assigned other Head Start sites to visit to help them with any problems they might be having regarding health issues. Maxine went to Annapolis where she helped the program set up a Health Advisory Council. In May 1984, Maxine obtained her current position as Director of the Senior Companion Program. This is a project under the Community Action Agency that works with senior citizens who need home care because they are unable to do things for themselves. Volunteers go into the home for four hours a day free of charge to bathe or feed the senior citizens or do whatever else is needed. Maxine is responsible for coordinating this program and seeking funds for it.

Maxine feels that the Head Start program helped her by sending her to training at the local community college in food service sanitation management courses, nutrition courses, and many management training courses. She feels that the program helped her entire family. The children were much better prepared for the transition to school than other children who had no prior school experiences. Maxine really enjoys her job working with the senior citizens.

Ruth is now the director of the Maryland Energy Assistance Program. She became involved with Head Start in 1965 or 1966 when it was under the Board of Education. At that time, Ruth was married and had six children who eventually all went through the Head Start program. She was not working and began volunteering at a center. By 1967, she was employed with the federal government but continued to volunteer in the Head Start program for about ten years. During that time, she was a Policy Council Chairperson and a parent volunteer in the classroom.

Ruth feels that Head Start helped her by making her a "better person." She learned to work with people and to accept each individual as a whole person. Her children also benefitted from the program by learning to share, cooperate and work together as a team. The discipline and training they received as young children carried through to their adulthood. All six children completed school and had no discipline problems. Ruth continues to work directly with the Head Start staff when referrals are made for energy assistance and really likes her work.

When asked if there were any families that could not be helped by Head Start, no one could think of any. Everyone felt that Head Start could help every family in some way and that most families were grateful for their involvement with the Head Start program.

IX. Home-Based Policy

In the future, there will be a change in how the nutrition component is handled. In the past, the home visitor brought the snack into the home to model a nutritious snack. Next year, there will be more emphasis on actual nutrition education. For two of four home visits each month, the parent will provide the snack. This will be on the first and third weeks. The home visitor will give the mother information on good nutrition and the mother will then go to the store that week and purchase what she thinks are nutritious snacks for her child. At the second visit, the home visitor will provide a partial snack of something that is probably a new experience, such as broccoli, for the child and mother. This will introduce the child to something he/she may not have ever seen or tasted, and the mother will receive recipes in order to try the new food item during the next week. On the fourth visit, the home visitor will provide the entire snack.

The program will contain more emphasis on the health, nutrition, social service, and parent education components than there has been in the past. In the past, the educational component was most stressed for the child. Now, all of the components will be equally stressed. The Head Start coordinators will provide information and handouts to the home visitor on a weekly basis and the home visitor will, in turn, provide this information to the parent at the home visit. The coordinators will be responsible for obtaining the handouts and information and the home visitor will only be responsible for planning for the educational component.

The program has developed a new policy regarding enrollment of children and families for more than one year. The local funding agency had objected to second year enrollment. The final policy is that children can be re-enrolled for more than one year but there has to be justification. The criteria set up for re-enrollment will be:

- The child is handicapped.
- Department of Social Services recommends re-enrollment because of environmental conditions in the home.
- Public school says the child is not ready for school.
- Child has speech or language problems.

- Child has mental health problems.
- Head teacher recommends re-enrollment.

If the head teacher recommends re-enrollment, there is a Re-enrollment Evaluating Committee who considers the recommendation. The criteria for re-enrollment is the following:

- The child is a child abuse referral.
- There is drug abuse or alcoholism in the home.
- There is a severe health impairment that is still being dealt with (i.e., dental problems that have not been completely resolved).
- Parent is handicapped.
- There is family instability (i.e., divorce, death).
- The child was in the program the previous year for less than three months.
- There is a developmental delay.

The committee is made up of the health staff, the educational coordinators, and parent involvement staff. Justification must be documented through health records, a signed statement by a parent, or test scores of the child. One positive aspect of this policy is that the staff has to evaluate each child on an individual basis and in depth before automatically re-enrolling the child.

The advantage of re-enrollment is mainly in the parent education component. It sometimes takes six months to get a clear picture of the family situation. Then a plan of action has to be written which leaves little time to take action. The second year gives the home visitor more time to work with the parents and meet their needs.

The child also has a chance to mature. The routine and the rules are learned, and the child is more comfortable with the teacher/home visitor and is now ready to settle down and learn more. The first year children are more curious about their environment and the "newness" of the situation; therefore, they spend a lot of time exploring rather than listening and socializing.

This program counts only the focal child for home-based services. However, it is felt that they should be able to count the family because the program is required to work with the entire family. A lot of social services are done with each family, including a lot of transporting of families to doctors and dentists. These tasks are not funded and take a lot of time for the home visitor.

The ideal amount of socialization for home-based children would be one day a week for four hours or a minimum of 16 hours a month. Currently, the children meet twice a month, and if a field trip is planned, they take that on their center day. Some staff feel the children need more time in the center to learn appropriate classroom behavior before transitioning to the kindergarten program.

Center-based children are more able to make the transition to kindergarten without any problems than the home-based children. This is probably due to the fact that they have had more opportunities for group experiences than the home-based children. The home-based children have, at the most, about 16 group experiences during the year. Therefore, they don't have a chance to reach the same level of competence in social skills as the center children. The home visitors do take their children individually along with the parents to the school they will be attending in order to register and tour the school before the fall. This is not done by the center teachers with their children. Next year, the home visitors will be taking their children in very small groups on field trips in the community in order to give them more opportunities to interact socially with each other in a more comfortable group size.

X. Interpretations and Conclusions

The director of the Head Start program is exceedingly interested in fulfilling all of the original goals of the Head Start program. The home-based program has been changed so that the parent is the primary person to be educated. All components of the program -- health, nutrition, parent and child education, and social services -- will receive equal attention.

There has been a concern about how successfully the children are transitioning from Head Start to kindergarten. Because of this concern, the program requested and received a grant to study this issue and draw some conclusions as to what changes are necessary to improve transitioning to kindergarten. This concern also prompted the development of the re-enrollment policy which is now in effect. If it is documented that a child would benefit from a second year in the program, the child will be re-enrolled.

Education of the teacher staff and parents is another issue that is important to this program. The director is constantly looking at ways for the staff and parents to further their education in early childhood in order to be better teachers of children. The Head Start staff and the local community college have had a close working relationship for a number of years. In fact, the Early Childhood Development program was started at the community college because of a grant from Head Start.

The family is of primary importance to this program. Every effort is made to fulfill the needs of the family by providing social services, and education for parents and children. New ideas have been suggested in order to obtain more parent involvement. The program strives to best meet the needs of the families in their communities.

GEORGIA

A MIXED SITE: HOME-BASED AND CENTER-BASED

I. The Program and the Setting

This Georgia program operates 18 Head Start center-based programs in 17 counties and five home-based programs. All counties in the service area are classified as rural with the exception of one. Altogether, the program serves an area of 5,200 square miles. The funded enrollment is 1,155 children and the funding level averages approximately $2,614 per child. Of the programs operated, 9 are operated directly by the Community Action Agency, and 9 are delegates operated by the local Board of Education.

Geographically, over half the area is mountainous, and the remainder is rolling hills. Ten of the 17 counties are either totally or partially located in the Blue Ridge Mountain region and 14 counties are in Appalachia. The broad, fertile, level-bottom valleys in the area have helped contribute to the agricultural economic base. However, the trend in Georgia, as in the nation, is toward a rapidly declining agricultural base. The number of full-time farmers has steadily declined over the past 40 years, but small or part-time farmers have shown a gain. Overall, productivity in Georgia is becoming more efficient, but, in the process, farmable land is being lost to urban development and farmers to higher paying jobs.

The mountainous terrain in the northern counties has hindered industrial development and the sparse population has deterred companies which require large numbers of workers. These factors plus the limited highway access have significantly affected job availability in these counties. Though seasonal and somewhat unsteady, tourism brings more people to the area and contributes to the economic base. Food processing, mainly of poultry, and textiles are subject to fluctuations due to market demands but are also a large part of several counties' economic bases.

Two counties are very rural and are in an area in which some people are either employed in small businesses or commute out of the area to work.

One area is a mountain culture which is changing. There has been an influx of residents from northern cities, Puerto Rico, India, and sunbelt retirement areas such as Florida. With these new people come new ideas and different ways of living.

According to the community needs assessment, there are approximately 28,208 zero to 6-year-olds within the Head Start service area. There are essentially three kinds of child development services available for these preschool children: private day care centers, federal and state funded programs, and family day care providers. The majority of day care is provided by the family day care providers (women keeping children in their private homes). The statewide expansion of public kindergarten programs has provided the opportunity for all 5-year-olds to take advantage of a preschool experience, but that does not answer the need for younger children. Even with the wide variety of child care facilities, there are still not enough facilities to accommodate the total number of eligible preschool children.

Head Start provides a comprehensive program of activities to help each child in the program develop mentally, physically, and socially. The executive director of Head Start programs looks at all the alternatives to decide which Head Start model will most effectively serve the community in which it will operate.

II. The Home-Based Option

The Board of Directors along with the Policy Council and Head Start's executive director decided to use the home-based option for Head Start 12 years ago. They use a home-based program in a county which has a center-based program only if a suitable building can not be located for the program. There has been no change in this approach to home-based programming.

According to the executive director, the staff seems to like the home-based approach. Some staff members who have transferred from center-based to home-based programs have had some problems adjusting to working with the parents instead of the child as the major focus. Since this is very important to the success of the program, workshops and other training are provided for those who need more information on how to work with parents.

It is extremely hard to find competent people for the low salaries which Head Start can afford to pay. (The starting salary for Head Start teachers and home visitors is $4.00 per hour with $6.00 per hour being the top salary.) There are plenty of qualified people but they will not accept the position when they learn the salary. Qualifications include a minimum of a high school diploma and some experience working with children. The applicant must be willing to enroll in CDA classes and get credentials within two years of employment.

Overall this was a very successful year. Georgia's Parent of the Year was from one of this program's counties again this year, which makes 11 years out of the past 13 that a Head Start parent has achieved this distinction. Staff is constantly working to improve the program in whatever ways seem to be needed. Two programs with new coordinators had some difficulties this year and it has taken time for them to adjust and be able to make changes to better the quality of the programs. The director is confident that next year will be more stable and that improvements will be implemented.

Two of the counties had a center-based program but due to space and transportation problems, this option did not work out. Though there are some parents (mostly those who work) who would prefer a center-based program, most of the program participants now really like the home visitor coming to their home. In both of these areas families are too spread out and there are too few children within a reasonable distance of a central location to support a center.

Two other counties have both a center-based and a home-based Head Start program. One has had a Head Start program since 1965 with the home-based option added in 1980. Another has had a Head Start program since 1965 and was one of the pilot programs for the home-based option in 1972.

III. Staffing and Staff Characteristics

In Rabun County the Head Start staff is relatively stable -- the majority of the staff has been there six to eight years and only two home visitors and one cook were new this year. The staff consists of four teachers with aides in the four classrooms for 80 children and three home visitors for 30 children. Support personnel consists of two cooks, one coordinator for health/ handicapped, and one parent volunteer coordinator. Of these 12 staff members, six are parents or former parents.

The staff in one County consists of three teachers with aides in the three classrooms for 60 children and two home visitors for 20 children. There is also one social services coordinator, one health aide, and one cook. Of these, only one home visitor and one classroom teacher were new this year. The remaining staff's experience ranges from three to 15 years. The staff move "up through the ranks," usually beginning as parents, volunteers, or aides in the program.

In one county, the turnover rate has been so high that the present staff can't remember any long term personnel. This year was particularly difficult because one home visitor's job performance was so poor that she had to be fired. She then denounced the program and the new staff.

Retention of qualified home visitors is difficult because the job itself is demanding and the pay is low (beginning salary is $4.00 per hour for a 40 hour work week). In order to accumulate annual leave and sick leave, staff must work 13 pay periods (a pay period is two weeks) and then can earn one day per month annual leave and one day per month sick leave.

There are no substitutes for home visitors when they are sick and each home visitor has to make up any missed home visits. Volunteers are used as substitutes in the classroom if a teacher is out for a short period of time. However, replacements are hired if a teacher or home visitor will be absent on medical leave for an extended time.

IV. Families and Selection Criteria

Enrollment guidelines are established nationally and adhered to by local Head Start programs. The first priority is income eligibility but the program can accept 10 percent of the total enrollment which can be over-income. The preference for this 10 percent is that this group have other special needs such as a handicap.

All home-based programs have similar requirements: a child must be three years old on or before September 1, a child can stay in the program three years at which time he/she will be eligible for public school. The exception is special needs children who can attend more than three years if that is agreeable with all concerned. Only the child enrolled is counted for the enrollment rates reported.

Recruitment begins in April, and all of the programs must have 90 percent of their applications completed by July 1. Enrollment should be complete by August 1. The program begins the last week in August. The Head Start programs try to follow the public school calendar within their communities. This presents some difficulties for those programs where staff covers two communities which have different start-up dates and holidays.

After applications are complete the director of the county programs sends them to the Head Start director who checks them and makes final approval. All over-income applicants are put on a waiting list until all other income-eligible applicants have been accepted. If spaces are still available, the next priority is the over-income handicapped child. Even though there are no specified age limitations, most three-year old children will be in the program for two years then go to public kindergarten. However, under special circumstances some children have been in the program three years due to certain handicapping conditions. For multiple year enrollees the curriculum is not repeated from the previous year(s) but advances to the more difficult skills still using the Portage Model for assessment and activities.

After enrollment is complete, the year begins with a parent orientation meeting. Parents receive a packet of helpful information for the coming year. The packet contains a calendar for the program year, a Resource Handbook which lists community resources to meet family needs, parent workshop titles and tentative dates, etc.

Present at this meeting are representatives from various community service agencies who explain what services they offer. It is also a "meet and greet" each other session where new and old Head Start parents get to know each other and the staff.

At this meeting, also, the director explains the Policy Committee and the election is held to choose the four parents from each county to be on the Policy Committee which meets once every other month. Next year, two counties will combine meetings and alternate meeting sites. This year, in those two counties, the projects held separate meetings, which was more taxing for staff and furthered the feelings of separation and suspicion between the two counties.

A Policy Committee parent may volunteer for the Policy Council. According to the director, there has been no competition for this position in the past because the meetings took place 26 miles away.

In another two counties the orientation of parents to the program is much the same. However, an added dimension is doing assessments and writing charts and programs for parents as well as for children. There is also a special effort made to get the father involved from the beginning.

Some basic statistical information about families in the program during the study year includes:

Number of Families Enrolled: 732

All Children in Home-Based	All Children in Center-Based
88	644

Racial Composition:

	Home-Based	Center-Based
White	92%	60%
Black	6%	38%
Hispanic	2%	1%
Asian/Pacific Islander	0%	>1%

Family Composition:

	Home-Based	Center-Based
Two parent families	61%	53%
Single-parent (mother)	29%	41%
Single-parent (father)	3%	3%
Neither parent present	5%	4%

Family Size

	Home-Based	Center-Based
One child	22%	35%
Two children	45%	36%
Three children	22%	18%
Four children	4%	6%
Five or more children	8%	4%

Median Income: $ 7,999

V. Home Visitors

Hiring requirements for home visitors include a high school diploma and the agreement that after one year of employment the home visitor will then complete a CDA. The director also looks for experience with children and/or being a parent but this is not a requirement for employment.

Training for home visitors in two counties includes some pre-service training, observations of other more experienced home visitors, direct observation and recommendations by the director, and an introduction to record-keeping by the director. All home visitors are also required to get their CDA in their second year of employment. There are also many staff workshops during the year presented by Head Start. Head Start's executive director encourages staff participation in regional and national level Head Start meetings.

The director in another two counties feels that the home visitors and classroom teachers get adequate training and orientation. There is a week of orientation at the beginning of the year for all Head Start staff and various workshops are conducted throughout the year. In-house staff training and technical assistance are given when the need arises throughout the year.

Supervision of home visitors is an area the present director for two counties plans to work on next year. There will be at least four home visitor observations next year: two planned and two unplanned. The director also plans a closer check on documentation of time spent in the home. Documentation includes the time sheets for a two week period and the leave report forms which the director checks and sends to the central office. The director will now verify with parents the length of time the home visitor stays for each visit. According to the director, the major problem was that the home visitor was not spending enough time in the home. The director is sensitive to making sure this does not happen again. The home visitor is required to make one social services visit to each enrolled family each month in addition to the regular home visits. Supervision this year was focused more on checking the paperwork and trusting that the home visitor was reporting accurately. The director did observe home visitors two to three times during the year.

In two other counties supervision of home visitors is done periodically throughout the year. At the beginning of the year, veteran home visitors accompany new home visitors as part of their orientation. The director also does a home visit at the beginning of the year and as the need arises throughout the year, checks records, and does any follow-up advisement and counselling.

Statistics On Home Visitors include the following:

Total Number of Home Visitors: 8

Home Visitor Education:

High school diploma or GED	5
Some past high school	3

Training:

Home Start training only	0
University training	0
Private contractor training	8
Both Home Start training and any of the above	0

Years With The Program:

New to the program (first year)	5
In more than their third year	3

Number Who Have or Have Had A Child In Head Start: 3

Average Number of Families Per Home Visitor: 11

VI. The Home Visit

The Portage System is used as an assessment tool and as a plan of specific activities designed to meet a child's individual needs. The most useful aspects of the Portage are the charts showing the child's skills, progress made over time and specific activities for parents to do with their children. The curriculum provides structure to the home visits, according to staff. Other curriculum materials and assessment tools are used to supplement the Portage System if needed; for example, for developmentally-delayed children. Staff solicits parent input at the beginning of the year and again midway through as a curriculum planning tool.

There are unit topics with a theme for each month. Units include all areas of child development: cognitive, language, motor, self-help, medical and dental, nutrition, and social development. For each unit, an outline is provided for home visitors regarding activities, materials, parent education materials, group time activities, any special information for parents, and so on. These general guidelines can be adapted or extended by home visitors to meet a specific child's needs. Unit topics are developed during the summer and are covered in pre-service training.

The first home visit of the year is used for orientation and assessment. At that time, the home visitor sets up a regular schedule and place to work in the home. Each child is provided with a bag of "goodies," such as crayons, markers, toothpaste, toothbrush, dental floss, puzzles, books, etc. In addition, home visitors bring materials to the home for use in activities planned for a particular day, as well as a "homework bag" with materials that the parent and child are encouraged to use together between home visits. According to staff, this structure seems to help parents who feel unsure about their competency to teach or help their child learn. During home visits, staff focuses on use of materials in the home and provide the message that purchase and use of expensive toys and learning aids isn't necessary. For example, a home visitor may collect things from the garden or in the home for a collage, or ask the child to count things in the home.

At the beginning of the year, most parents have some reservations about the home visitor coming to the home. They often don't know what they are supposed to do during the home visit and do not feel qualified to teach their child. This discomfort disappears over time as parents become involved in home visit activities with the home visitor and child. Home visitors conduct two Portage activities during each visit and leave one activity as a homework assignment.

A newsletter is produced monthly for parents to inform them about the month's topics to be covered in home visits. It includes suggested activities for parents to do with their children, provides up-to-date information on topics of concern to parents, and supplies a monthly calendar of upcoming parent workshops, meetings, and so on. Parent volunteers produce this newsletter.

Each month, a nutritional activity is conducted as part of the home visit and usually involves food preparation with the parent and child. All ingredients for these nutritional activities are brought by the home visitor and paid for from a special cooking fund or the supply budget, if necessary.

All families receive a social services visit at least two times per year and more often depending on special needs of the child or family. In two counties, social service visits occur monthly, according to staff. In these visits, which usually take up to two hours, the home visitor discusses needs with the parent, makes appropriate referrals, checks on progress with issues or problems identified previously, and completes a special social service home visit record (see Exhibit 1). A concerted effort is made to acquaint parents with community resources and how to use them.

Total time spent with families in the four home visits that were observed ranged from an hour and a quarter to two hours. Visits in which social services were a major emphasis tended to be the longest.

Between ten and eighteen activities were conducted during the four home visits. Slightly less than two-thirds of the visits were devoted to activities primarily for the parents and the children.

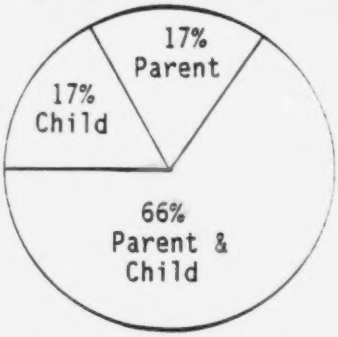
The Seasons was the theme for all four home visits observed. One visit started with a poster of the seasons to familiarize the child with planting seeds and flowers. Next, the child played with two puzzles with pictures of seasonal sports, such as football and swimming, and the child talked about the appropriate season for each of the sports. Other seasonal sports, (such as skating in winter, were introduced by reading the child a story entitled The Vacation Book. Seasonal activities conducted as part of other home visits included recitation of the poem, Mistress Mary, which was about seeds and planting, and an art activity in which the child drew a picture of a flower and leaves, colored it , cut it out, and glued it on a piece of construction paper.

Basic skills of children were a major focus of home visit activities. Skills and concepts taught included shape and color recognition, counting, concepts such as inside and outside, identification of coins, memorizing the child's address in preparation for entry into school, and so on. Fine motor skills were practiced in activities involving cutting with scissors, gluing, putting puzzles together, coloring and tracing shapes. A story was read to children in two of the homes. Parents were active participants in child activities and frequently practiced with either the home visitor or child.

Materials for approximately half of the home visit activities were brought by the home visitor. Some use was made of materials present in the home or from the child's "goodie box" provided by the program at the beginning of the year.

As noted below, less than one-fifth of total home visit time was devoted to activities focused exclusively on children. About two-thirds of the time, home visit participants were engaged in activities with both a child and parent focus.

Focus of Home Visit Activities



In some cases, the child and parent activities going on simultaneously were related. In one home, for example, the home visitor and mother observed the child's difficulties with holding scissors and cutting, talked about progress made in recent weeks, and the need to continue practice between home visits. Later in this same visit, the child was complimented about her pretty teeth and was urged to continue brushing her teeth regularly as part of a conversation with the mother about an upcoming dental appointment.

Frequently, activities with a dual focus concerned follow-up on things which the parent and child had done together between home visits. In addition, there were discussions about next week's assignments and how these activities would tie into future home visit plans or would strengthen particular child skills. During the four home visits observed, approximately six percent of the time was devoted to such topics.

A number of the observed dual-focus activities were unrelated, however. In one home, for example, the child worked on a puzzle while the home visitor and the mother discussed a handout on parenting, discipline and behavior modification and helpful hints to deal with specific problems.

Parental concerns received major attention in three of the four observed home visits. (The fourth visit was somewhat atypical, according to the home visitor. The presence of playmates of the focal child prevented lengthy discussion about family or parental needs.) In one home, over one-third of the total home visit time focussed primarily on parental concerns.

A wide array of topics were addressed with parents, including behavior problems of an older sibling, safety concerns about tricycles and playing ball, concerns about a child's eating habits and diet and the need to get the child checked for anemia, progress with a child's speech problems, transfer of health and immunization records required before entry into public school, good books to buy for children, how to help children learn, an upcoming workshop on parenting, and the summer reading program at the local library.

Not all topics discussed with the mother concerned parenting or the child's development. A wide array of other family needs were addressed during the social service portion of the visit. Two parents discussed adult education, job training, concerns related to employment, and asked the home visitor to help them by checking into the availability of night classes. How to deal with stressful situations such as a recent illness and death in the family and a pending divorce received the home visitor's attention. Financial aid, how to apply for reduced price lunches or an FHA loan, child custody, legal aid assistance, and the need to read contracts before signing were other issues covered. Health and dental needs were also common topics of discussion.

The parent focus of the program made each of the observed home visits unique and tailored to specific family needs. Child-focused activities also appear to be individualized. Time was spent with each child working on or practicing a particular skill.

VII. Group Sessions

Group activities are offered in all counties although they differ somewhat in format. Monthly group sessions in two counties combine parent workshops and socialization experiences for children. While parents participate in a workshop or meeting, the children are engaged in a variety of activities by the home visitors. Group sessions in two other counties are handled somewhat differently. Monthly socialization experiences involve both children and their parents. Two sessions are conducted: one in the morning and one in the afternoon which are attended by between 10 and 15 children. Activities include group art, games and outside play. Home visitors guide parents on how to help children do the activities, and parents and children work together on specific activities. Parent workshops also are offered during the day and at night.

Group sessions were observed in two counties in spring. In one, ten children attended a two-hour session. Upon arrival, children sat around tables and were given papers with different shapes which they colored and cut out. Each child was then given pipe cleaners to tape or glue to the shape to make a flower. These were "planted" into a styrofoam cup as part of this month's seasonal theme. After the children cleaned up, the home visitor queried them about the shapes they had just colored and cut out.

Next, each child was assigned a special place in the classroom marked by a small piece of tape on the floor. Using a poster with different shapes drawn on it, the home visitor led the children in an exercise game in which they were encouraged to imitate the shapes by stretching up, reaching for the sky, bending over, and so on. This was followed by a group activity in which children counted shapes, named colors and talked about their favorite colors and shapes. After this game, children moved back to tables where they were given a paper plate with holes punched around the edge and some yarn for a lacing activity. With that completed, each child glued popsicle sticks and a variety of pictures provided by the home visitor on their plates. Children helped with the clean up, formed a line and followed one of the children outdoors for some ball games.

A change in these socialization experiences is being considered for next year. One week would be set aside for group activities during which each child would attend two half-day sessions at the center. Half of the children would participate in morning sessions led by a home visitor and a parent volunteer. The third day of the week would be set aside as a make-up day for any children who could not attend both of the socialization experiences. The remaining two days of the week would be set aside as regular office days for staff. One problem with this proposed plan, according to the director, is transporting children back and forth for the group activities.

While children were involved in group activities in one county, five parents and three staff attended a workshop on single parenting. This workshop was led by a staff member from the Central Office. A packet of articles, reading lists for both adults and children, and suggestions were assembled into a handout for parents and used to guide the presentation and discussions. A portion of the time was spent going over stages of divorce and understanding the effect of loss on an individual's life as he/she moves through denial, demarcation, detachment, and dialogue the individual begins to reorganize his or her life. Children's reaction to stress or crisis in the family was covered, as well as helpful hints to parents on what to say and do with children in a crisis. How to be a responsible and successful single parent and how to organize and manage time were addressed. Considerable time was devoted to guidelines for child discipline and to the importance of giving children responsibility.

An evening parent meeting in another county was observed, attended by seven parents (including one father) and eight staff. The hour and a half long workshop focused on "How to Survive the Summer and Still Enjoy Your Child." Topics covered included identifying things you like about your child, suggestions on how to enjoy your child, practical tips on how to manage your child in a loving way, behavior management and unconditional love, how to have an encouraged rather than discouraged child, the importance of belonging and contributing to the family as a unit, and how to set up a child's environment to encourage self-motivation and self-reliance. Parents were given suggestions for activities to do together to keep parent and child happy and learning. After the presentation, parents engaged for about 20 minutes in a lively discussion about spanking.

A variety of other workshops took place. Topics covered included mental health, child development, first aid and safety, consumer education and nutrition. In several counties, parents got together for "swap time" in which they exchanged clothing they no longer wanted or had use for.

From time-to-time seasonal parties are held for parents and children, such as a Thanksgiving meal, a Christmas party, a Valentine's Day party, an Easter egg hunt, and the year-end party with a picnic and cookout at a park.

A. Parent Involvement

Parent involvement varies according to the activity. Involvement is fairly high for workshops and group activities, but is lower for parent meetings in two counties. Parents can participate in the program in other ways, however. They can make educational activities for use at home, do fund-raising, make donations, volunteer to do office work, help in the classroom, prepare recruitment posters, work on the monthly newsletter, or conduct parent workshops.

One county program and staff have a reciprocal relationship with parents. They help parents by picking up the parents' commodity food for them which is handed out on Commodity Day. At the end of the year, staff organize a parent appreciation dinner, while parents do something similar for staff.

In another county parents often volunteer to work in the office to organize materials into learning kits, donate their time to make curtains, make or prepare children's learning materials, fix tables, and so on. Some parents volunteer to tutor other parents, conduct workshops or undertake fund raising activities. In another county, parents spend less time at the office. Fund raising and other activities that parents can do at home, such as sewing, mending, etc., (which can be counted as in-kind contributions) are preferred.

One goal for next year is to have parents share their skills and expertise with each other, especially across county borders. Sharing the best of each county may help to unify the programs somewhat. Parent meetings, workshops, and some social events would be combined and conducted at alternate sites. Logistical arrangements will have to be worked out.

The director also has goals outlined in detail for both counties. Her goal for one county is to improve parent participation and for another county it is to increase classroom volunteers. She has outlined the steps to achieve these goals and has sent them to the central office. Also, the director is working on increasing classroom participation for home-based children and is checking into the use of the community room at the library and other similar opportunities.

VIII. Parent Outcomes

There were many success stories throughout this year but a very typical one comes from the director's own development and involvement with the program. She was a Head Start parent when her children were little. As is traditional in these areas, the home visitors for the county saw the toys in her front yard and saw the children playing and stopped to see if she might be interested in the program for her children. At that time, her three-year-old daughter had asthma and a seemingly insurmountable hospital bill because of it, though her husband worked and had a regular income. When the home visitors explained the program, she was quite impressed and knew as they were speaking that she couldn't possibly afford such a wonderful thing. When they told her it was free she couldn't believe it. When she told her husband about it he was not thrilled, feeling somehow threatened by the idea of someone coming into his home and paying some of his bills for the care of his child. As difficult as it was, she decided this was an opportunity the family couldn't afford to pass up so she enrolled her daughter -- without telling her husband. Eventually he began to like the program. After the first year, the second daughter couldn't wait for her turn to be in the program and both daughters eventually were enrolled for two years each before going on to kindergarten and first grade. The director feels her children love school now because of Head Start.

Perhaps more important was the woman's own growth and development during these experiences. Eventually, she wanted to return to work; she had worked in a sewing plant before marriage and children. Finally, she felt the need to go to school so that she could teach. She drove to the city to attend a technical school getting her diploma in childcare and early childhood education (which can be counted as 1 year if she decides to go to college). She also worked after school in a day care center at the time. The executive director conducted a workshop at the school and managed to recruit the current director for a teacher's position at the Head Start center. She taught for three years there and then moved into the director's position of two counties this year. This summer she will attend training and workshops for home-based Head Start in Washington, D.C., providing her a chance to fly in an airplane and travel outside the state of Georgia for the first time. Next year, she will receive her home-based CDA and her SSCBT.

Another story relates to a data collector for the study who is on the Policy Committee for one county and also on the Policy Council. Her experience with Head Start began in one county when she babysat for a child who was enrolled in the center-based program. In the morning, she would take the child to the van which took him to Head Start and then she would pick him up at noon. She didn't know much about the program except that it fed him breakfast and lunch. When her family moved she had a four-year-old. A home visitor called her at home, explained the Head Start program and its medical and dental benefits, and inquired if she was interested in enrolling her four-year-old in the program. Since she was new to the community she felt it would be a good way to meet people so she enrolled her child. She volunteered whenever the program needed anything and continued to increase her involvement as time passed; she was on the Policy Committee, then worked in the policy office, and then was Parent-of-the-Year. All this gave her something to do which she felt was fulfilling.

Some families are very difficult to work with. One is a family who is over-income but certainly did not look or live like it. The home visitor and director worked on budgeting and money management with them but their efforts have not been effective. The family was very dirty, living with dogs inside the house who used the floors for their waste products. There is a feeling that the mother is doing better and trying a little harder to keep things cleaner and more orderly. The dogs are out of the house and the home visitor watches the children while the mother takes a bath; she felt she never had the time before. The situation seems to be improving slightly.

Another "failure" story is a family where there is no water in or near the house. The family hauls water in and has no money to have a deep well dug. There is a new baby and another child but the family and house is always clean. The Head Start staff hoped to find some way to help them get the well dug but presently there seems to be no possibilities. They haven't given up yet, though.

And then there is the grandmother who can't read or write but works with the home visitor and her four-year-old grandson and is so proud of his progress and her own that she's "fit to burst."

There are several other success stories for Head Start families but again the director of these two counties feels her story is a pretty typical one. She was a Head Start parent in 1972 and became a classroom aide in 1973. She was a classroom teacher from 1974-1980, then became the Social Services Coordinator, and then Center Coordinator in one county. In December 1985, she added another county to her responsibilities and in October 1986, she added another to her directorship. She received her SSCBT this year and is a sophomore in college, taking a full load of classes at night. Her major is sociology/criminology and she eventually plans to go to law school. She credits Head Start with encouraging her growth and development.

This woman is also an inspiring director who strongly encourages her staff to develop their potential, not only through her own example but also with practical down-to-earth assistance. She helped two staff members enroll in college and actually provides transportation for one who could not attend college without a way to get there. The director also been a dynamic force in encouraging parents; this year, six parents finished their GED, one enrolled in college, and two got their drivers' licenses.

The director also continues to refine her own theories and has many suggestions about how to better the Head Start program. First of all, she feels that if directors are doing a good job then they will work themselves out of a job. If Head Start is being effective, especially home-based Head Start, then family sizes will (and are in her area) decrease and parents will have learned the skills to manage and educate their own children. This will eliminate the need for programs such as Head Start. The goal is for parents to become self-sufficient, self-reliant and confident in themselves.

In addition, the director has a "fantasy" of making Head Start available to all children, not just those that are income eligible, so that the stigma of the program being for poor people will be eliminated! She also has a very definite opinion that a child should have one year in home-based and two years in center-based Head Start in order to reap the maximum benefit from the programs. She feels children need the group experience in the classroom before going into public school.

Another success story is the home visitor hired recently in one county who had two children in Head Start last year -- one in home-based and one in center-based. She was a volunteer substitute aide last year and had great potential, so when both children moved into the center this year the director encouraged her to apply for the home visitor's position which was available. With encouragement, she got her driver's license and went for her GED. As the director states, "You can see the leaps and bounds she's making in personal development and pride in herself." She has improved personally and professionally.

IX. Home Based Policy

Since this Head Start program uses the home-based option variably (e.g., when it is the most appropriate option or when space is not available), the CDA credentialling system does not work effectively for them. When classroom teachers become home visitors, they must earn a new home visitor CDA. The program staff feel that there are overlapping skills, for example, knowledge of child development, that apply to the each CDA. Rather then having to complete the whole program for the new CDA, there should be an effort to review the CDA program so that documented skills could be transferred to the other CDA (i.e., from classroom teacher to home visitor).

EXHIBIT 1

Social Services Home Visit Record

1. Items/topics to be discussed relating to status of referrals, additional referrals to be made, etc.

2. Materials/information to be taken on visit:

3. People present during home visit:

4. Progress made on previous referrals:

5. Factors affecting progress:

6. Problems identified during home visit:

7. Referrals/Direct Services to be provided:

8. Materials left in the home:

9. Requests, additional information, comments provided by parent:

10. Health information:

11. Education information:

12. Notes:

Signature of Parent (Date)

Signature of Home Visitor (Date)

KENTUCKY

A MIXED SITE: HOME-BASED AND CENTER-BASED

I. The Program and the Setting

This Head Start program has centers located in 13 counties in western Kentucky. Extending from the Mississippi River on the west, the Ohio River to the north, the Tennessee border on the south, the program is geographically the largest Head Start program in Kentucky. Western Kentucky is a very rural area -- a land of small farms, surface coal mining, and very small communities isolated from each other by the lack of adequate roads. Despite the fact that this area has consistently had the highest unemployment rate in the state, the population remains constant: many families have lived in their communities for generations. Recently, the media has expressed concern regarding the movement of those members of the communities who do seek further education, professional training, and the better employment opportunities to be found in Nashville and Louisville. Illiteracy is widespread, despite an aggressive statewide illiteracy eradication program. Illiteracy among the older population continues to be a problem the Head Start program has to contend with in designing service delivery plans.

The central office is in the third largest city in the state. Located on the Ohio River, the city has a population of approximately 60,000. Although this is the location of the central office, it is not the geographic center of the service delivery area. Rather the central office is located 120 miles from the most distant center and all of the Head Start centers are more than 35 miles away from the central office. This has necessitated processes and procedures to ensure that communication channels are kept open between the office and centers.

This Head Start program uses a variety of enrollment variations to provide services to the Head Start children and families in the service area. For the most part, it is an administrative decision as to which model, home-based or center-based, will be used in which county. There is only one Head Start center located in each county. The only county that has a variety of center-based attendance models is County C.

The physical facilities of the Head Start centers vary significantly from county to county. The centers in County A and County D are located in churches; E, F, and G use classrooms located in elementary schools; County B uses a trailer on the grounds of the elementary school; County H and County I are in old school buildings that have been converted into community centers; J, K, L, and M Head Start centers are housed in various buildings in the communities that have been renovated to meet the needs of a preschool program. In County C the children attend Head Start in housing board community centers, a spouse abuse center, and a center for the homeless.

This Head Start program serves low-income children ages 3 and 4. Although Head Start is recognized by the state as a kindergarten-equivalant program, the Head Start program does not serve children who are five years old and kindergarten eligible. Racially, the program reflects the population: in the rural counties, enrollment is predominantly white, and, in the centers that draw the children from the cities, the Head Start population is predominantly black.

The program is funded to serve 838 children; 818 of these enrollment slots are funded directly from ACYF and 20 enrollment slots are funded as a delegate.

Some basic statistical information about families in the program during the study year includes:

Number of families enrolled: 805

All Children in Home-Based	All Children in Center-Based
238	567

Racial Composition:

	Home-Based	Center-Based
White	71%	47%
Black	27%	52%
Hispanic	>1%	>1%
Asian/Pacific Islander	>1%	>1%

Family Composition:

Two Parent Families	41%	32%
Single-Parent (mother)	57%	67%
Single-Parent (father)	>1%	>1%
Neither Parent Present	>1%	>1%

Median Income: $ 4,999

Geographic Distribution:

Central City	68%*	35%
Suburban Fringe	0%	8%
City or Town	21%	37%
Rural Area	11%	21%

Other Family Characteristics: (Not exclusive categories)

Live in Isolated Areas	30%	11%
Have Multiple Family Problems	20%	29%
Receive Welfare	50%	54%
Are Over Income	9%	>1%

---

*This percentage is based on a large number of children from County C who are temporarily in a home-based option (see text).

The program uses an assortment of enrollment variations in delivering services to the families in its service area. Of the 567 center-based children, some attend Head Start four days a week for six hours a day, and some attend Head Start four days a week on the double-session model. The remaining 238 children attend home-based Head Start. In County A, the families receive one hour-long home visit per week, and the 20 children of these families attend two four-hour socialization sessions per week. In County B, the families receive an hour-long home visit per week, and their 60 children attend a five-hour socialization/classroom experience once every week. In County C, the 158 children enrolled in home-based Head Start receive an hour-long home visit once every two weeks, and the children attend three-hour socialization/classroom sessions twice a week.

Although Head Start regulations allow a program to fill up to 10 percent of its enrollment slots with children who are above the poverty guidelines, this program does not often enroll over-income children. There seem to be more than enough children below the poverty guidelines to fill the centers.

The Head Start program uses a number of educational resources and materials to make up the educational curriculum. Every child in the program receives an educational assessment at the beginning of the school year. The Learning Accomplishment Profile-Diagnostic Edition (LAP-D) is used for this assessment. The child's classroom teacher or home educator does the assessment. It is from this assessment that educational planning is done for each child. This year, the two educational managers wrote curriculum activities for the classrooms based on a unit approach. The teachers (both home-based and center-based) received, monthly, a set of activities and partially completed lesson plans which they were to use as written, change as needed, or supplement with their own creative activities. The center-based portion of the program uses a combination of child-initiated and teacher-directed activities in the classrooms. The balance between these two philosophies varies greatly from center to center and often within centers from classroom to classroom. The home-based portion of the program uses a child-focused approach to the home visits. The program does not, at this time, have any restrictions as to who, in the home, the home educator works with since the main focus is working with the child.

The 1986-87 program year saw a number of changes in program operations. Transportation to and from the center was eliminated in most counties; this affected all centers except County E, and County F where transportation is provided by the school board and the area development district, respectively. The home-base counties, A and B still provided transportation for the children for socialization activities and all the centers still provided transportation for field trips and special events. The lack of daily transportation where it once had been provided impacted on attendance and on initial enrollment.

In addition to eliminating transportation as a program service, five counties, went to double sessions. The double session counties serve a total of 460 children. The decision to eliminate transportation services and the move to double sessions for over half the children served was for budgetary reasons. The change from center-based operations to home-based operations in County C is a temporary move necessitated by the loss of center space for 160 children; prior to this program year, 160 of the Head Start enrollment slots were delegated to a public school system. The school system enrolled only 5-year-olds in those enrollment slots. With the advent of mandatory kindergarten in Kentucky, the 5-year-olds are being served directly by the school system and Head Start again became the grantee for those slots.

The program changes in 1986-87 did have some effect on program operations. As mentioned previously, the lack of program provided transportation contributed to a much lower average daily attendance. The double sessions also contributed to lower daily attendance and also increased the drop-out rate for those centers. The (temporary) County C home-based program was a difficult adjustment for both parents and staff. It had been hoped that the County C Head Start center would open sometime mid-year, but delays in funding, acquiring the space, and in the contractors' work kept the 160 children in the home-based variation all year. The center is completed now and opened in September, 1987.

II. The Home-Based Option

This Head Start program decided to use the home-based model for Head Start services in County B in 1978. The decision was made because of the lack of available space for a Head Start center that would be centrally located. County B is geographically the largest county in the state; it is predominantly a rural county with just a few small towns. In order to serve pre-school children with Head Start services throughout the county, the home-based model was chosen. Home educators were hired in the communities to be served in the county so that the travel costs could be contained and so that there would be a link between the community and the program.

In County A, the decision to use the home-based model was made in 1983 when the Head Start classroom, which had been located in an elementary school, was taken back by the school board because the space was needed for regular classrooms. The home-based model was supposed to be a one-year, temporary service delivery model. However, it proved very difficult to find suitable space in the area. A church in the community was willing to house the Head Start program but the facilities at the church would not meet full-day, state day care licensing requirements. The decision was made to have the families continue with the home-based model (one home visit a week) but also to have the children attend two socialization/classroom experiences a week. Since the children were in the center less than 10 hours a week, the facility did not have to be licensed and the church facility could be used.

The County C home-based program, as stated previously, is a temporary measure for 160 children this year only. There is, however, a regular County C home-based group that has been home-based since FY 1984. The 12 children in this group are three-year-olds and usually move from enrollment in the home-based program to enrollment in the center-based program the following year.

The staff that has been working in the home-based option this year can be divided into two groups: those who came into the year knowing they would be working in home-based Head Start and those who are home-based teachers by circumstance and not by choice. The home educators in County A and County B, and the home educator that has the three-year-old group in County C, have been home educators for a number of years. For many of them, home-based Head Start is the only model in which they have ever worked. The teaching staff in County C do not consider themselves home educators, since their training and experience have always been in the center-based model and they are only working as home educators by circumstance.

The Head Start parents also have different attitudes towards the home-based model. In Counties A and B where the model has been in operation for a number of years, the Head Start parents are very receptive. In fact, in interviews, the parents had to have the center-based Head Start program explained to them. In County C, where the majority of the enrollees were in home-based Head Start by circumstance, the parent attitude was somewhat negative. These parents were used to having their children in four day-a-week Head Start Center. For those parents who needed child care so that they could work outside the home, the home-based model was not acceptable.

The families that are seen as the most appropriate for home-based services are those who 1) live in a county where home-based Head Start is an option, and 2) have a primary caregiver at home during the day. Although the program does not require that the child's parent be the person with whom staff do the home visit, the program does not schedule home visits outside of the regular work day, that is, no night or weekend home visits are conducted. This does limit the appropriateness of the program for families of working parents who need full-day child care.

There is no geographic limitation to the families served in County C. Since the home visitors live throughout the county, home-based Head Start is offered throughout the county. In County A, however, the families are drawn from a city area only. Since only 20 children are served in County A, even with this limited geographic area there is usually a waiting list of applicants.

This Head Start program, despite the problems associated with administering a program that is scattered across 13 counties, makes a significant effort to direct services from the central office in such a manner that the program's services do not vary significantly from county to county or because of the delivery system being used (home-based or center-based). Parent workshops, training, and activities are planned so that all parents who wish to attend can attend; no difference is made between parents involved in the home-based option and those enrolled in the center-based option. The children also receive similar learning activities. A locally-designed curriculum model is used by both home educators and center classroom staff; the home educators use a child-focused approach to their home visits and follow essentially the same units as the center-based teachers use.

III. Staffing and Staff Characteristics

Home educators are hired using the same criteria used for selecting the center-based teaching staff. There is no requirement for formal education other than completion of high school. Every effort is made to hire staff from the community which the Head Start center serves. Potential staff go through a selection process that involves both written questions and a formal interview by the education and administrative staff. The recommendation is sent to the Policy Council for their approval.

Statistics on home visitors include the following:

Total Number of Home Visitors:	14

Home Visitor Education:

High school diploma or GED	1
Some post high school	13

Years With The Program:

New to the program (first year)	2
In their second year	2
In their third year	2
In more than their third year	8

Average Number of Families Per Home Visitor: 15

Staff training is conducted in an on-going and on-the-job process. Staff attendance at pre-service and in-service training is mandatory. The program has chosen a four-day service model so that training and planning can be held on every fifth day (Monday). Teachers and home educators are required to enroll in the Child Development Associate (CDA) training paid for by the program. Teaching staff are only allowed to be enrolled in CDA training for two years after which they are required to undergo the CDA assessment process. The home educators have been earning CDA center-based credentials because the CDA training institution the program contracts with does not offer home-based CDA training. Three of the home educators earned their CDA credentials this past program year.

Supervision in the home-based segment of the program is always a problem. For the most part, the home educators are directly supervised during their socialization times; an education administrative staff member observes and makes suggestions. The education administrative staff, which consists of an education coordinator and two education managers, is responsible for supervising both home-based and center-based staff. Copies of lesson plans, monthly reports, and all educational contacts are sent to the education coordinator on a monthly basis. Each center has a "head teacher" who is responsible for the day-to-day operations of the center and who is the contact person for information from the administrative office to the centers. The head teacher does not do performance evaluations.

IV. The Home Visit

The home educators use a child-focused approach for the home visit. Essentially, they see themselves as bringing the center into the home. A home educator will bring all the materials she needs for carrying out the activities she has planned. She may use materials provided by in the home, but this is rare. The child-focused approach explains why the program does not require the parent to be present during the visit. Many home visits are made in the presence of grandparents or other relatives who are daytime childcare-givers of the children of working parents.

The home visits last one hour; each home educator has a caseload of 15 children. Home visits are made weekly. Socializations are also scheduled weekly.

The program uses the LAP-D for educational assessment of all the children in the program. From this assessment tool, the child's individual objectives in areas of gross motor, fine motor, cognitive, language, and self-help skills are derived. These objectives form the basis of the lesson plans for both the home visits and for the center-based activities.

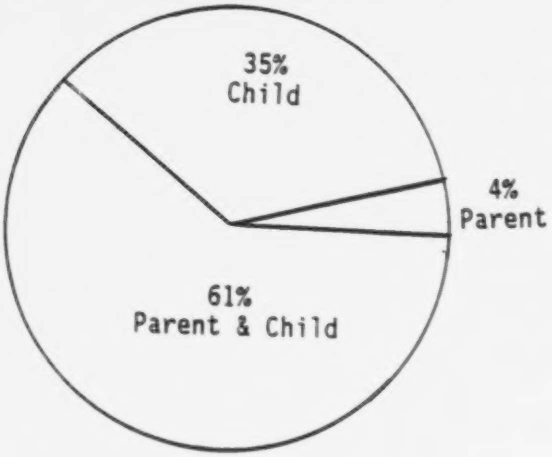
The program-wide locally designed curriculum provides the teaching staff with the framework in which to place the child's individual objectives. The home educators use the curriculum units to plan both the socialization activities and the home visits.

A. Home Visit Focus and Activities

This focus on children rather than on the parent or parent and child together was evident in the four home visits that were observed. For the two home visits that were timed, approximately one-third of the hour-long visit was devoted to activities in which the home visitor worked with the child, with little or no involvement of the parent.

For all four home visits, an average of seven activities occurred. About half (50 percent) of the activities focused on the child, 21 percent had the parent as the primary focus, and 29 percent involved both parent

Focus of Home Visit Activities[*]



and child mostly in socialization. All four home visits observed were the last sessions of the home-based program year for each family and therefore may not have been typical. One of the two home visitors observed spent about one-third of the home visit time with her two families conducting year-end assessments of the child, using LAP-D. One child was assessed for language and gross motor skills. The gross motor assessment involved such exercises as catching a bean bag, throwing and catching a ball, and jumping over a dowel. In the second home, language and basic skills assessments occurred. A matching exercise was used to determine the child's ability to manage concepts such as like and unlike and to identify objects that were different from one another.

Non-assessment related activities included a discussion with the child about farm animals -- what they do and what foods they produce, and an outdoor rock throwing activity in which the children classified rocks by size.

No assessments occurred during visits made by the second home visitor. One child was taken by the home visitor on a 20-minute nature walk in which the child gathered leaves, sticks, and rocks. During the walk, the child described what he had picked up, its color and shape, and practiced the concepts of big, bigger, biggest. The mother who had decided to stay at home, talked to the child about the walk upon his return and admired his collection of items. Meanwhile, the home visitor got out paper, glue and crayons and asked the child to make a picture, using materials gathered on the nature walk.

---

[*] Based on two home visits; data on third and fourth visit could not be used because activities were not timed.

In the second home visit, the child was engaged in a number identification exercise using flash cards and then listened to a story. After the story was read by the home visitor, the child was shown the pictures once again and was asked to tell the story from the pictures, to name the characters in the picture, and to explain what was going on. Next, the child painted a picture based on the story she had just heard.

While the child was busy with her art project, the home visitor talked with the mother about an upcoming picnic. This visit concluded by giving the mother "homework" to do with the child: exercises to teach the child about different shapes. A mimeo sheet with shapes was also left with the parent as a teaching aid. In the second home visit, the same home visitor provided the parent with a summer activity packet and stressed the importance of working with the child on basic skills in preparation for school.

Discussions between parents and the other home visitor who was observed centered mostly around the upcoming graduation event and reminders to the parent about a commitment to volunteer in the classroom.

Involvement in home visit activities by parents was uneven. All mothers were absent some of the time or did not participate actively in child activities. For example, one parent was out of the room the entire time the home visitor assessed the child's language and gross motor skills. Parents also were absent for story time and the nature walk.

Pre-school-age siblings of the focal child were involved in home visit activities, although no special activities had been planned for them. In all home visits, all materials were brought by the home visitor and little or no use was made of household items or objects in the home as teaching tools.

V. Group Sessions

The program offers children enrolled in home-based Head Start considerable opportunity for socialization or classroom experiences, as described earlier in this case study. The sessions vary in length and in frequency by county. Total classroom sessions offered each week range from one to three in number and from five to eight hours per week in the classroom.

A three-hour session conducted in a local nursing home was observed where nursing home residents were paired with the children and worked together on a variety of activities. This session centered around a circus theme. Related activities included a Peabody Language Development Activity about the circus; the story "Henrietta Chicken: Circus Star;" creative movement to circus music, a discussion about circus clowns, decorating clown hats with pompoms, stars, markers, and so on as the art activity; and a motor activity requiring children to throw bean bags into a box decorated with a clown. Senior citizens, including those that were wheelchair bound, were able to participate in this motor activity. Children were also engaged in finger play, singing (including "Happy Birthday" to one of the nursing home residents), playing a number recognition bingo game, and looking at books in child/elder pairs. As a special treat, children had lunch with the senior citizens. Usually, when group sessions are held at the nursing home, they just have a mid-morning snack together. Adults outnumbered the children. There were eight children, and eight nursing home residents, a home educator, the nursing home activities director, and a parent volunteer.

Another 40-minute group session occurred in conjunction with a parent meeting. This session involved an art project and was attended by nine children. The session was led by the socialization/classroom teacher, with the home visitor helping out as teacher assistant/aide.

VI. Parent Involvement

The parent involvement activities of this Head Start program are coordinated by the parent involvement coordinator from the central office. All centers, home-based and center-based, have monthly parent meetings. These meetings are organized and coordinated by the family service worker assigned to that center/area. The family service workers are also responsible for Head Start social services activities and for health and dental direct services such as taking children to appointments.

The monthly parent meetings have multiple purposes. They provide the parents with an opportunity to get to know each other and provide an opportunity for program staff to transmit information to the parents. They are often used to present workshops, speakers and/or materials to the parents in order to meet program objectives and requirements, and, in many cases, they provide a vehicle for parents to have direct input into program operations.

The number and content of meetings and the extent of parent participation in the meetings varies greatly from center to center and, according to program staff, and from year to year. The parent participation in the home-based counties does not seem to be any greater or less than the participation in the center-based counties. Much depends on the individual teacher/home educator and the family service worker. Those communities with a high number of working parents do not have the same level of parent involvement as those with few mothers working outside the home, because parent meetings are held during regular center hours of operation.

The program also offers parents program-wide workshop opportunities: "Exploring Parenting" has been offered at two locations and is open to parents from throughout the service area. "Parent Jamborees" are offered twice a year. These are multi-disciplinary workshops presented in one central location to bring parents together from all the counties. The program also has the counties select a "Parent of the Year" from each county and then selects a "Parent of the Year" to represent the program at the Kentucky Head Start Association's spring conference.

The parents have two opportunities to attend the state Head Start Association (HSA) activities. Each center/county has an opportunity to enter a float for the Head Start parade. The spring HSA meeting features parent-made displays that are judged according to originality, relevance to the yearly theme, and degree of parent participation. This program has traditionally won recognition for their parent displays.

One parent meeting in County B, observed during the spring, was attended by nine parents. A committee had been formed to coordinate fund-raising activities for the center. This was the final meeting of the committee and most of the discussions centered around how to spend the money that parents had raised. After lively debate, the decision was made to use the funds for: playground equipment; sending the "Parent of the Year" to the State Head Start Conference; and a field trip for all children, parents and staff. Although the family service worker was present for the meeting, the entire meeting was led by one of the parents.

VII. Home-Based Policy

For program year 1987-88, the program intended to keep the home-based model in those counties that have traditionally used that model: A, B, and the 12 children in C. The 160 children that were in the home-based model for program year 1986-87 in County C, returned to being center-based on a double session model.

Currently, the program does serve children for more than one year, although for initial enrollment, four-year-old children have preference over three-year-old children. Thus, the program is only serving children for two years in counties where the population base is not large enough to provide a completely new population of children each year. Since all educational activities are based on a child's educational assessment, the child will not be receiving the same activities if he/she is in the program for more than one year.

Health and dental services follow the periodicity requirements of the Head Start Performance Standards. The program counts children rather than families when counting for home-based services. In the rare instance where siblings are enrolled in the home-based program, the home educators make a double home visit to that family; that is, they will spend two hours with the family instead of one.

VIII. Interpretations and Conclusions

This Head Start program has not had a separate policy for its home-based program. It has treated the counties that have home-based Head Start the same as those having center-based Head Start. This is beginning to change due to the program's participation in this study and the renewed emphasis on the home-based service delivery model. The program director has made some changes that will impact the home-based sector of the program. Training is being provided to the home educators which is different from that provided to the center-based staff. Emphasis on educating the parent is beginning to replace the child-focused philosophy. An education manager has been assigned to the home-based centers and she will be providing direct supervision to the staff.

This is a Head Start program that has traditionally been a leader in the state and region. In home-based Head Start, too, it will probably assume a leadership role.

MISSOURI

A MIXED SITE: HOME-BASED AND CENTER-BASED

I. The Program and the Setting

This agency services eight counties in what is known as "outstate Missouri," which is a predominantly rural area of great natural beauty and scenic variety. There are rolling hills, plains, river bluffs, forest land, and lakes. There are only two major population centers.

One of these is a city whose economy is based on income and jobs from state government offices, a prominent black college, and the state prison system. The other is a center for higher education, the insurance and medical industry, and human services. There is very little blue collar industry.

The rest of the eight county area is dabbed with villages and small towns with populations of less than 15,000. Agriculture -- primarily corn, soybeans, and wheat -- and its related industries provide the economic base for this rural area. Income levels are low throughout the area. Recent droughts and floods have wiped out many farmers and further cut into the economically depressed situation for many of the rural families.

Because of numerous meandering rivers and the poor quality of state highways, there is a great deal of isolation of families in these areas. In addition, unsafe bridges and gravel or dirt roads, many of which are unnamed, make travel difficult.

All these factors have made the development of the Head Start program a challenge. Locating centers in towns where space is available often means children have to travel long distances to attend classes. This requires a large transportation budget as well as lengthy rides for young children. Active parent involvement in center education activities is also difficult.

The agency has met these rural challenges by developing the home-based option.

Six of the eight counties have home-based components. In these counties, home-based teachers make three home visits per month and conduct three group socialization experiences per month. One week per month is set aside for make-up visits, teacher planning meetings, and in-service training which is scheduled along with the center-based staff.

The center-based component in this agency makes use of donated or low-rent space in churches, housing authority buildings, and community centers. Classrooms are set up for 20 children. Although available space in each center varies, each center has an active learning area because they are phasing in the Cognitively Oriented Curriculum. Each center is staffed with a lead teacher (Center Director), one assistant teacher, a nutrition aide, a social service aide, and a bus driver. The centers operate four days a week, four hours a day. The fifth day is used for planning, home visits, and in-service training.

In the counties in which both center-based and home-based options operate, the center is used as the site for the group socialization experiences. Two home visitors in one city meet together in a community center in one of the local housing projects, adapting the space each week to accommodate the children. Another home visitor utilizes a Catholic school kindergarten classroom for meetings on Saturday mornings. The agency pays small stipends of $10.00 to $15.00 to help defray utility expenses when these facilities are used.

II. The Home-Based Option

This agency's rationale for developing and maintaining a home-based program are three-fold. First, the rural setting puts constraints on center-based operations. Distance makes transportation both unsafe and costly. It also stifles the amount and quality of parent involvement in the education of their child. There is no public transportation and many rural mothers are at home without cars.

Second, the agency has a belief in a philosophy of change that says the more permanent changes occur when made closest to the daily lives of families and with the maximum active participation of the parents. In other words, the potential for the child and parent to have a real "head start" is greater when the services are coordinated and delivered in the home. The home-based setting conveys acceptance of the parent and bolsters their self-concept as being capable of educating their child.

Third, the agency is people-oriented and likes the flexible nature of the home-based option, enabling it to adapt to meet the individual needs of families.

Five years ago in one county, the children eligible for Head Start services were widely scattered. It was determined that five more families could be reached with a home-based program. It was there that the home-based pilot program began as a way of combining cost-cutting strategies with effective service delivery modes to reach five additional families. The pilot was begun with apprehension on the part of staff, but was led by a director who was excited about its possibilities.

As other county needs have changed during the past five years, more home-based programs have been put into place, one at a time.

During this past program year the agency has run the following home-based programs:

County A -- 2 full-time teachers with 11 children each
County B -- 2 part-time teachers with 9 children each
County C -- 2 part-time teachers
    1 teacher, 9 children
    1 teacher, 7 children
County D -- 1 part-time teacher with 9 children
County E -- 1 part-time teacher with 9 children
County F -- 1 part-time teacher with 7 children

Final plans are now made and hiring is taking place to open another home-based option in County G. This new program is a result of a decreased number of eligible children in the county, the distance families live away from the center, and the opportunity to again try a new approach of having home visits plus two group socialization experiences per week for children.

It is important to point out that as the counties have added or changed to home-based options, they have not given up any services or changed any eligibility requirement for families to participate. The only service difference between home- and center-based options in this agency is transportation to the center.

III. Staffing and Staff Characteristics

This program year has not been without its share of stresses. There have been mid-year staff turnovers of home visitors in one county. The loss of the handicapped coordinator whose position was not filled made service delivery to special needs children even more difficult in an area where services to handicapped pre-schoolers are few and far between to start with. Different ability levels of the various home visitors, whose education levels range from high school to masters Degree, are a challenge for training. The wide geographic area makes direct supervision of the home visitors by the education coordinator difficult.

Statistics on home visitors include the following:

Total Number of Home Visitors: 9

Home Visitor Education:	
Less than high school	0
High school diploma or GED	2
Some post high school	6
College degree or more	1

Training:	
Home Start training only	2
University training	0
Private contractor training	0
Both Home Start training and either of the above	0

Years With The Program	
New to the program (first year)	3
In their second year	1
In their third year	5
In more than their third year	0

Number Who Have or Have Had A Child in Head Start: 1

Average Number of Families Per Home Visitor: 10

IV. Families and Selection Criteria

Head Start makes no distinction between center-based and home-based families. Children admitted to both programs are either low-income, handicapped, or fit the agency criteria for acceptance of above-income guideline children. Geographic location of the family and the center determine whether the child is enrolled in the center- or home-based option.

Most of the families in outstate Missouri are white and are of German, Scottish, or English descent. In the towns there are quite a few blacks. Dotted here and there are a few Asian immigrants who are represented in the program. Most families come from conservative religious backgrounds with a variety of Christian denominations represented. Single parent families are distributed throughout this population in both the home- and center-based options.

The one important feature about many of the rural families is isolation. For both geographic and cultural reasons, many families are very isolated from neighbors, friends and social stimuli. Children often have only siblings for playmates. Cable television has not reached many of these families.

When asked what the staff sees as its biggest achievement this past year, the response was indicative of the success of the curriculum approach taken. In one home-based county, the parents were approached with the idea of returning to a center-based program next year. Parents cited their success as parents and their children's advancement as reasons to keep home-based programming for their county. They expressed concerns about the hazards of long bus rides and the lack of individualization in center-based programs. Further, the parents encouraged the agency to change from center-based to home-based in another county for the 1987-1988 program year, so a new hybrid system will be piloted in one county that year based on the parents recommendation.

Some basic statistical information about families in the program during the study year includes:

Number of Families Enrolled: 250

Children in Home-Based	Children in Center-Based
86	164

Racial Composition:

	Home-Based	Center-Based
White	86%	60%
Black	12%	39%
Hispanic	0%	0%
Asian/Pacific Islander	2%	>1%
American Indian/Native Alaskan	0%	0%

Median Income: $ 4,999

Geographic Distribution:

	Home-Based	Center-Based
Central city	3%	14%
Suburban Fringe	21%	0%
City or town	0%	0%
Rural area	76%	86%

V. Home Visitors

The salary range for home-based teachers is less than that of center-based teachers, though their qualifications are similar on paper. This discrepancy was due initially to the home-based teachers lack of experience. However, the discrepancy in these salaries is lessening now.

Home visitors are recruited from the local communities in which they work. Notices are placed in newspapers and other popular advertising media and word of mouth is used, as well. The availability of qualified applicants varies by county, with the largest pool being located in the city locations. This is due in large part to the colleges that are located in these two cities.

All applicants are screened and interviewed by a committee of one or two parents, the education coordinator in charge of the home-based option, and the agency director. In case of conflict, the director has the final hiring authority, though conflict has not been an issue yet.

New staff are provided with a pre-service training that acquaints them with agency policies and procedures and equips them to do family recruitment activities and start the initial home visits. Regular one-to-one supervision, observation, and training are provided by the education coordinator. Monthly in-service training programs and staff meetings are held to increase the competency level of each home visitor. The CDA training has led one home visitor to be ready for assessment as soon as the 1987-1988 program begins.

The turnover rate of home visitors cannot be easily compared to that of center-based teachers in this agency. The lack of highly qualified home visitors to hire initially, coupled with the new geographic areas of home visiting and a lack of resources, often causes people to only commit to one year or to see the job of home visitor as a stepping stone to "teaching" positions. The agency has center-based teachers with 20 years experience while its home visitors have only three years experience or less.

VI. The Home Visit

Each family enrolled in the home-based option is visited three times per month. The fourth week of each month is set aside so that home visitors can make up home visits that were missed during the previous three weeks, and attend in-service training sessions, staff meetings or program planning activities.

The curriculum approach used in both the home and center-based components stresses self-concept and socialization skills, as well as cognitive development and good health practices. Major emphasis is placed on parents and on helping them to develop a functional home learning environment for their child. While all home visitors use the same set of guidelines for all their home visits, each home visitor individualizes each visit to meet the special needs of a family and its children. The lesson plan covers a wide array of components: safety; language and communication; health and nutrition; physical, social and cognitive development; self-image and creativity; and issues related to child guidance and discipline.

At the beginning of the program year, home visitors take a very active role in planning and modeling activities with children, explaining the purpose of each activity to the parent and demonstrating "best practices." While the home visitor models, interprets and provides resources, the parent observes, develops skills and over time starts to plan and lead activities. As the roles reverse, the home visitor takes on more of a supporting role. At the beginning of the year, a number of developmental screening tests are administered to all children by the home visitors, including the Daberon, Denver and Circle Preschool Individual Assessment Checklist. Parent surveys are also conducted during this time.

A. Home Visit Focus and Activities

Total time spent with families in the three home visits that were observed averaged one hour and fifteen minutes. (The fourth visit is reported separately because unusual circumstances made this visit atypical). Between nine and twelve activities occurred during each of the three home visits.

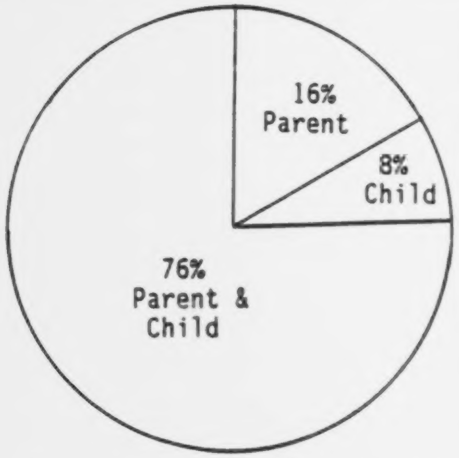
The program's emphasis on parents was evident in all three visits. Fifteen to 30 minutes of the visit were spent with the parent following up on child activities introduced in earlier home visits, and teaching the parent about the purpose of specific child activities.

All home visitors provided positive reinforcement to parents and openly praised their teaching skills. A home visitor reviewed with one parent the year-end assessment results and progress her handicapped child had made. A second home visitor explained to two mothers the importance of reaching and talking to children to help them develop their language skills. In another home, time was devoted to reviewing the child's progress in left to right tracking which had been introduced the previous week. Discussion also centered around such common year-end activities as kindergarten registration, plans for the children's graduation from Head Start, and the picnic that was planned.

Family concerns and issues were addressed in all visits. One parent who had recently moved from the country to town proudly showed off her apartment and discussed furniture needs and the meals on wheels program with her home visitors. Concerns about the children's safety in these new surroundings were raised, and the mother was given hints on teaching children boundaries and safety rules. One father's application for truck driver training school was discussed in another home.

As noted below, most of the visit time was devoted to activities involving both parent and child; very few activities focussed exclusively on the child.

Focus of the Home Visit Activities



In two of the three home visits, two-thirds of total home visit time was spent doing child activities. The third visit had more of a parent focus, with only about one-third of the time devoted to child activities.

Child activities observed were designed to enhance cognitive development and basic skills. Activities included practicing pre-writing skills, such as letter recognition, tracing or writing letters, and left to right tracing; identification of coins and their value; counting; color and shape recognition and matching.

A number of nutrition and health activities for children were observed in the three home visits. One child was given a magazine and asked to find pictures of foods, to identify them, to classify them into the four food groups; and to cut and paste them on a paper board. The "Little Tooth Story" was told to another child to teach him about the effects of sugar on teeth and the importance of regular tooth brushing. Before eating snacks or handling foods, children were reminded to wash their hands properly. During one home visit, the mother made cookies with the help of her two children, pointing out the different sizes of spoons and cups used, as well as the changes in texture and color. Another parent involved the children in the preparation of a snack of celery and peanut butter.

The materials used in the activities were either brought by the home visitor or were present in the home. They included alphabet poster boards, crayons, markers, glue, magazines, paper, ditto sheets with 12 mazes of various difficulty, UNO cards, and so on. In keeping with the program's basic thrust, several activities had been planned or specially designed by parents themselves. Making cookies with the children was one mother's idea. Games or activities designed by parents included a counting game using colored crayons. First, the crayons were divided in small piles and were counted. "Now, add two more crayons to that group, and count them again," the mother would urge. Another parent had come up with a matching game of household items such as shoe strings, and so on.

Parents were actively involved in all three home visits and practiced activities with the home visitor or child about two-thirds of the time.

None of the three visits were alike, although there was some similarity of home visit activities for the child or of concepts taught or reviewed.

The absence of the parent in the fourth visit that was observed made it much shorter and more child-focused than the other three. Two unrelated children participated in this visit because the parent takes care of a child enrolled in the home-based program whose mother works. An unexpected court appearance caused the parent to leave the two children with a teenage babysitter who showed no interest in home visit activities. This visit would normally have been rescheduled for the final week of the month had it not occurred at the end of the program year.

VII. Group Sessions

Two or three group sessions are planned each month by each of the home visitors. These four-hour sessions provide children with opportunities to socialize and play with other children in a group setting. Two sessions were observed in the spring. One session was attended by five children. The three parents that came along prepared breakfast and lunch for the children, socialized with each other and assisted the home visitor who was teaching.

Children engaged in free play until breakfast was served. After cleaning up (brushing and fluoriding teeth, toileting, and clearing tables), children participated in a group classroom activity making and playing with playdough. A period of outdoor free play followed in which children experimented with making bubbles and played on the slide in the playground. During quiet time which followed, the home visitor encouraged each child to recall and describe what he or she had played with or done. Next, the home visitor introduced a lesson on tornadoes, and children made a whirlpool in water. This was followed by another period of free play and lunch, which concluded the classroom session.

The second group session that was observed involved children assigned to two home visitors who alternated group planning. A total of eight children and one parent went by bus to visit a book fair where each child selected two books that were bought for them. Other field trips on which families were taken included a sleigh ride in a state park and a visit to a farm.

According to staff, parents take more responsibility as the year progresses for planning the group sessions, such as field trips, parties and graduation exercises. Active parent participation in the group sessions or planning was not actually observed, however.

Parents meet from time to time for a lecture or discussion group. Planting a vegetable garden was the topic of the February meeting. Home-based parents also participate in Center Committees, as do their center-based counterparts. Eligibility for the Policy Council and involvement in activities are the same for the two groups.

Parent involvement is primarily centered in activities during the home visit and during the group socialization sessions, and parents are given credit for their time in these activities. During the group socialization experiences; parents prepare meals and snacks; assist the home visitor in creative and conceptual activities and in health maintenance activities; and clean up the center.

This agency has recognized the continuing struggle to get parents involved in parent education sessions, volunteer in the classroom, etc., and has hired consultants to do training in this area. The agency has also developed a Parent Day, a day-long event with a variety of workshops to meet the interest of the parents.

The goal of the parent involvement program for this agency is to support parents in developing positive concepts and to provide opportunities for parents to learn, to contribute, and to be assertive in the lives of their children.

VIII. Parent Outcomes

As a typical example of the progress that parents have made, the director provided the following letter sent to the program:

> When I started in Head Start with my son, I was a person who was shy and not willing to be involved in anything that I would have to give of myself.
>
> While my son was in Head Start, I began to volunteer for classroom duty and then help in the kitchen. I also volunteered the first year as secretary then, much to my surprise, I volunteered as chairman of the committee meetings for the parents. I was feeling more confident and felt I could contribute much by setting an example for other parents.

I have stayed involved to a certain extent in Head Start. I was on the ___ Council and am now on the ________ Board where I have used my valuable experience.

I'm also now going to college. My major is Elementary Education. My goal is to be able to help other children get the Head Start my son has gotten.

I'm not afraid to speak up more now for those things I think are right.

IX. Home-Based Policy

The 1987-1988 program year will see the initiation of another new home-based option. In one county a hybrid program will include two group socialization experiences each week for three weeks of each month, as well as three home visits per month. This was planned due to a decrease in eligible children and their distance to the center. The agency will be analyzing both the cost of this option and how well the teacher can handle this combination of duties.

In this agency children can be enrolled for two consecutive years if their birthday and kindergarten age permit. Priority is given to four-year-olds. Missouri has been phasing in new kindergarten age requirements.

Children are enrolled and officially counted according to their age. However, home visitors work with all of the siblings of enrolled children. Separate lesson plans are not made for each sibling but are incorporated into the planning and implementation of the home visitor's lesson plans.

X. Interpretations and Conclusions

The major themes that have come across in this program year are organizational stress, commitment to people, and acceptance of challenges.

Organizational stresses have occurred as a result of personnel issues. In the central office, there are differences of opinions, personality conflicts, and there have been three resignations: the center-based education coordinator, the handicapped coordinator, and the nutrition coordinator. The handicapped coordinator left mid-year amidst conflict and was not replaced. His duties were assumed by the education coordinators in addition to their other duties.

The agency structure encourages team approaches with democratic decision making. This has led to delays and interpersonal conflicts.

The geography of this area adds constraints to the agency. Staff supervision is difficult because of the long distances. When problems arose in one county early in the program year, the education coordinator and agency director were forced to travel extensively, cutting into their time and energy to do their regularly planned activities.

This agency's administrators work in crowded basement offices in an old converted church building which is shared with all of the Human Development Corporation's other programs, from Foster Grandparents to commodity food distribution. Three desks sit together, along with file cabinets and storage shelves, in an office large enough for one person. Even the bathroom is a storage area for files and supplies. Electric circuits often blow, leaving people working with limited light.

None of these issues appear to disturb the administration. They all express a commitment to the people they organize and to the programs they serve. Clearly, the people come first, the organization comes last.

The planned move to another home-based program is indicative of the commitment to challenges and to meeting community needs.